

Is direct per-oral pancreatoscopy a standardized technique for the diagnosis of pancreatic lesions? - Reply

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To the Editor,

In their letter, the authors describe a “forceps-assisted” technique to enhance the stiffness of an ultraslim endoscope in performing direct per-oral pancreatoscopy (DPOP). Many techniques have been described in literature so far, mostly with the aim of compensating the lack of stiffness of slim scopes (1).

The possibility of inserting an ultraslim scope directly into the Wirsung duct, especially in cases in which a histological diagnosis is required to rule out malignancy, is thrilling. Moreover, the technique has proven to be useful also in the setting of lithotripsy, in patients suffering from calcific chronic pancreatitis (2). Pancreatoscopy has been initially described by Takagi et al (3) in 1974 and, since then, technology has dramatically evolved, eventually with the introduction of single-operator cholangiopancreatoscopy systems (4). Nevertheless, such systems are single-use and quite expensive, thus making the choice of reprocessable slim scopes definitely appealing in this setting.

As described by the authors, the technique is quite complex, due to the characteristics of the scope and to unfavorable anatomic angles. Indeed, an important issue that should be further analyzed is the rate of complications such as acute pancreatitis, which may be enhanced by this technique for several reasons: the scope, although slim, appears to be thicker than the commonly used digital cholangiopancreatoscope; the grasping forceps may be traumatic, although allowing good quality biopsies; the applied force vector in the descending duodenum may be more stressful

to the papillary area, and may as well enhance the risk of perforation. In the context of chronic pancreatitis with intraductal stones, the overall risk of reported complications is 10% (5). Regarding specifically the diagnostic of IPMN, European guidelines do not consider DPOP as a standardized technique for the management of this clinical setting (6), underlining how the application of this technique in clinical practice is not yet universally accepted.

In conclusion, DPOP is an evolving, intriguing technique. Nevertheless, more structured and prospective data are required in order to optimize its use in clinical practice.

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