

LETTER

Letter to the Editor

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We read with great interest the manuscript by Ota et al. on the comparison of enteroscopy-assisted ERP-guided (eERP-PDD) versus EUS-guided pancreatic duct drainage (EUS-PDD) for surgical pancreaticojejunostomy strictures [1]. Data were collected in 13 Japanese centers including 111 procedures in 88 patients, of whom 77 underwent initial eERP-PDD and 11 EUS-PDD. Per-patient analysis resulted in better technical (73% vs. 42%) and clinical (73% vs. 40%) outcomes of the 11 EUS-PDD procedures, with however higher adverse event (AE) rates (27% vs. 5%). The authors' conclusion stated that eERP-PDD should be reserved for pancreatic duct drainage with a diameter of <5 mm. First-line EUS-PDD is indicated when the pancreatic duct exceeds 5 mm and in second line after failed eERP-PDD.

Although we generally agree with the proposed algorithm, we were surprised by the low eERP-PDD technical success rate in this multicenter study. We recently published our single-center results of single-balloon enteroscopy-assisted ERCP in patients with Whipple's pancreaticoduodenectomy including 46 patients of whom 17 underwent pancreatic duct drainage [2]. Technical and clinical success were 80% and 65%, which is close to the EUS-PDD results of the Ota et al. study. The authors did not mention which catheters were used to attempt pancreatic duct cannulation (straight catheter, sphincterotome, injection needle, etc.) neither the use of a transparent cap, which all represent important factors impacting technical success of the eERP-PDD procedures [2]. Moreover, the higher AE rate of EUS-PDD procedures (27% vs. 5%) was concealed using propensity score adjustment (29% vs. 7%) losing statistical significance, however, still representing a clinically relevant difference in real life [1]. These different endoscopic approaches to the pancreatic duct represent complementary rather than competitive techniques with their respective advantages and shortcomings. They should be selected on a case-by-case basis with the shared goal of optimized patient outcome.

Author Contributions

T.G.M. discussed the study results of the Ota et al. manuscript, wrote the current manuscript as a Letter to the Editor, and adapted it according to the co-authors' suggestions. P.H.D. suggested commenting on the published manuscript by Ota et al. and read, commented, and approved the initial and final version of the submitted manuscript. H.P. read, commented, and approved the initial and the final version of the submitted manuscript.

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The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

References

1. S. Ota, H. Shiomi, Y. Fuji, et al., "Effectiveness and Safety of Enteroscopy-Assisted ERP-Guided Versus EUS-Guided Pancreatic Duct Drainage for Pancreaticoduodenostomy Strictures: A Multicenter Observational Study," *Digestive Endoscopy* 38 (2026): e70128.
2. R. Garcés-Durán, L. Monino, P. H. Deprez, H. Piessevaux, and T. G. Moreels, "Endoscopic Treatment of Biliopancreatic Pathology in Patients With Whipple's Pancreaticoduodenectomy Surgical Variants: Lessons Learned From Single-Balloon Enteroscopy-Assisted ERCP," *Hepatobiliary & Pancreatic Diseases International* 23 (2024): 509–514.