LETTER TO THE EDITOR

Laparoscopic versus open pancreas resection for neuroendocrine tumours: need for evaluation of oncological outcomes

We read with great interest the review article by Drymousis et al., and would like to congratulate them for their interesting work, where they present 11 studies comparing peri-operative outcomes of laparoscopic \((n = 203)\) and open \((n = 703)\) resection for pancreatic neuroendocrine tumours (PNET).\(^1\) We would like to point out some limitations of their work that seem essential when comparing laparoscopic and open resection for PNET.

First, the authors have compared laparoscopic and open resection for PNET without making any distinction between the specific procedures performed. As the type of procedures vary greatly within each of the studies presented, it seems problematic to draw a conclusion on how laparoscopic and open pancreatic resection differ. Second, it is highly probable that laparoscopic pancreatectomies were more frequently performed for small lesions within the pancreatic body or tail. This bias may have favoured a laparoscopic resection.

In addition to peri-operative outcomes, we strongly believe that there is a need for a comparative analysis of oncological variables in this patient group. As PNET is a disease with malignant potential, the quality of the initial resection is a key prognostic factor.

We hereby want to address the need for a comparison of oncological outcome variables in patients with PNET who have been treated with open or laparoscopic pancreatic surgery. As single-centre reports on oncological outcome after laparoscopic surgery for PNET exist,\(^2\) we now urgently need large multicentric retrospective comparative studies of open and laparoscopic surgery in this low-incidence patient group to definitely assess short- and long-term outcomes.

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References
