



Corrigendum: Surgical treatment for biliary obstruction in patients with painful chronic pancreatitis and a dilated duct: choledochojejunostomy or biliopancreatic tunneling?

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The authors wish to make the following corrections [1]:

The first correction pertains to the presentation of data. The values previously reported as mean \pm standard deviation in Tables 1, 2, and 3 are now presented as median [interquartile range] to more accurately reflect the data distribution.

The second correction pertains to the limited statistical power. Due to the small sample size ($n = 8$), with only 3 patients in the choledochojejunostomy group and 5 in the

biliopancreatic tunneling group, the p-values obtained from both the Student's t-test and the Wilcoxon rank-sum test in Tables 1, 2, and 3 lack sufficient statistical power to support any definitive comparative analysis. Therefore, we have decided to remove the p-values derived from the Student's t-test and the Wilcoxon rank-sum test from the tables. In addition, all statements regarding the comparison of the two methods are being removed from the original version, in-

Table 1. Baseline characteristics

	Biliopancreatic tunneling (n=5)	Choledochojejunostomy (n=3)
Age (years)	49 [41; 56]	50 [44; 56]
Time from onset to surgery (months)	31 [17; 45]	30 [16; 44]
BMI (kg/m ²)	19 [17; 20]	19 [17; 20]
Weight (kg)	52 [44; 59]	50 [44; 55]
Mean diameter of bile duct (mm)	14 [11; 16]	15 [12; 19]
Mean diameter of pancreatic duct (mm)	11 [8; 15]	11 [10; 12]
Mean diameter of pancreatic head (mm)	31 [29; 34]	32 [30; 34]
Mean operative time (min)	244 [148; 341]	257 [161 – 354]
Mean blood loss (mL)	130 [69; 191]	117 [78 – 156]
Preoperative Izbicki pain score	64 [55; 68]	59 [44; 58]
Preoperative SF-12 PCS	42 [0; 58]	29 [13; 79]
Preoperative SF-12 MCS	62 [28; 83]	29 [18; 86]

BMI, body mass index; MCS, mental component score; PCS, physical component score; SF-12, Short Form-12.

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Table 2 Early postoperative results and outcomes after three months of surgery

	Biliopancreatic tunneling (n=5)	Choledochojejunostomy (n=3)
Mean postoperative stay (days)	8 [4; 12]	7 [5; 9]
Izbicki pain score	9 [0; 24]	28 [18; 56]
SF-12 PCS	71 [58; 100]	46 [46; 63]
SF-12 MCS	81 [77; 93]	75 [55; 83]

MCS, mental component score; PCS, physical component score; SF-12, Short Form-12.

Table 3. Outcomes after the final assessment

	Biliopancreatic tunneling (n=5)	Choledochojejunostomy (n=3)
Mean follow-up (months)	5 [4; 16]	15 [15; 16]
Izbicki pain score	9 [0; 20]	18 [0; 20]
SF-12 PCS	88 [58; 100]	71 [54; 100]
SF-12 MCS	80 [56; 97]	74 [70; 100]

cluding:

- Table 1: “All cholestasis patients were male. There was no significant difference in baseline characteristics between the two groups.”
- Table 2: “The Izbicki pain score, pain relief rate, and quality of life appeared to favor the biliopancreatic tunneling group, but a significant difference was not found. All other outcomes were similar between the two groups.”
- Table 3: “In the final assessment, all outcomes were similar between the two groups.”

Third, the authors would like to add an explanation for the term “Pancreatic exocrine insufficiency” to the “Outcome Assessment” section as follows:

- There is currently no consensus definition of pancreatic exocrine insufficiency. The most precise test is the quantification of fecal elastase-1. However, our institute does not have access to this test. Therefore, we use the presence of steatorrhea or unexplained weight loss as indicators of the presence of pancreatic exocrine insufficiency.

Fourth, we would like to make a correction in the conclusion as follows:

The sentence “Our study demonstrated that both choled-

chojejunostomy and biliopancreatic tunneling were effective in managing biliary obstruction in chronic pancreatitis. Nonetheless, proper exclusion of biliopancreatic tunneling is crucial to prevent recurrent biliary obstruction” has been modified to “Our preliminary results suggest both procedures may be effective. However, our findings need to be replicated in larger studies before any definitive conclusions can be reached.”

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1. Mai DN, Nguyen QV, Phan MT, Doan TM. Surgical treatment for biliary obstruction in patients with painful chronic pancreatitis and a dilated duct: choledochojejunostomy or biliopancreatic tunneling? *MedPharmRes* 2025;9(1):29-38.