

## Response to Saavedra JA, Seguil YS: Is pancreatic steatosis a common finding in the Chilean population?



### Respuesta a Saavedra y Seguil sobre: ¿Es la esteatosis pancreática un hallazgo frecuente en la población chilena?

We appreciate the interest Saavedra JA and Seguil YS<sup>1</sup> showed in our article<sup>2</sup> and respond below to their criticisms of details of our publication:

- 1 The title could have been similar to that suggested by Saavedra JA and Seguil YS, which indeed describes our work and its findings more exactly. Nevertheless, at present, our study is the only such analysis conducted in Chile. Since its publication almost 3 years ago, no other epidemiologic information from Chile or Latin American has been provided on the same topic. We demonstrated that pancreatic steatosis (PS) is as frequent as hepatic steatosis (HS) in Chile, although we are not certain about the validity of our figures at the national level (see the penultimate paragraph in the Discussion section). The number of obese subjects, defined as a BMI > 30, was considerably lower in our study (11%) than in the Chilean population (31.4%),<sup>3</sup> which could underestimate the prevalence of PS. In contrast, the average age of our patients was older (55 years), which could favor an overestimation. We believe our results are not far from reality, regarding the Chilean population.
- 2 Prevalence is a frequency measure, by which we referred to the “frequency” of the finding of PS in the population analyzed within a concrete period of time, i.e., it was equivalent to the “prevalence” of PS in our study.
- 3 We included patients over 15 years of age because in Chile the majority of healthcare services, especially at the hospital level, transfer adolescents to adult services once they reach 15 years of age.<sup>4</sup>
- 4 With respect to the work of Sahuquillo et al.,<sup>5</sup> those authors only studied the prevalence of HS in 100 individuals, 71% obese subjects compared with 16% in a Spanish population,<sup>6</sup> without studying the pancreas. We had only 22 obese patients (11%), less than the prevalence of 31.4% in Chile<sup>5</sup>; 17 had type 1 obesity (BMI > 30), 5 had type 2 (BMI > 35), and none of the patients had type 3. With such low numbers, we could not analyze the dependence of PS grade on the obesity grade. More importantly, PS can also be present in the absence of obesity, even with a BMI < 20 in one out of 3 cases, and its probability and grade increase continuously with the increase in BMI (see Fig. 3).
- 5 We appreciate the notification of the error in the text, with respect to the sex of the patients: Table 1 shows the correct number of women (107); it is incorrect in the text.

We believe the interest of Saavedra JA and Seguil YS in our article reflects the importance of this theme, one that is still only partially understood. Even in their criticisms, they are not questioning the essence of our work: the accumulation of fat in the pancreas is frequent and requires attention and investigation. Initially, the majority of physicians did not pay much attention to the frequent finding of HS, which today is one of the main causes of cirrhosis of the liver, hepatocellular carcinoma, and liver transplantation.

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### Conflict of interest

The authors declare that there is no conflict of interest.

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