# LETTER TO EDITOR/LED REPLY



# Reply to "Reviews of One Anastomosis Gastric Bypass" by K. Mahawar

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#### To the Editor:

Contrary to his Reply to Letters [1], Dr. Mahawar's opening assertion [2] that he is a member of the Mini-Gastric Bypass—One-Anastomosis Gastric Bypass Club (which has >300 members) is not correct.

Dr. Mahawar in two similar papers [3, 4], published in *Obesity Surgery* 2 months apart, concludes that MGB may carry a risk of reflux and carcinoma. Drs. Musella and Milone [5] and we [1] answered these assertions in our Reply. The Conclusion of Mahawar's first paper [3] states "This procedure may carry a risk of gastric and/or esophageal reflux" and warns of "a higher risk of cancers in the gastric tube and oesophagus in the long term – surgeons should counsel their patients

appropriately". The Conclusion of his second paper [4] states "Surgeons must be aware of these controversial aspects...., including the controversy surrounding risk for gastric and oesophageal cancers, to be able to counsel their patients appropriately". This is after he had questioned us whether CA occurs after MGB and agreed with us that this is not a feature, especially when compared to other bariatric operations [1, 5].

It was following this, in 2015 and 2016, that he reported, based on his small experience, the fact that reflux is infrequent and carcinoma almost unknown after MGB.

Our Letter to the Editor discusses his issues [2], as we explain the two operations [1]—MGB and its variant OAGB. Many of us have performed >2000 of these procedures and are at the professorial level, so that his assertion that we are "unscientific" [2] is offensive.

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## **Compliance with Ethical Standards**

**Conflict of Interest** The authors declare that they have no conflict of interest.

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