Letter to “Mapping of Ghrelin Gene Expression and Cell Distribution in the Stomach of Morbidly Obese Patients—a Possible Guide for Efficient Sleeve Gastrectomy Construction”—Authors’ Reply

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In our study [1], we examined tissue samples from three different regions of the resected stomach segment of obese individuals who underwent laparoscopic sleeve gastrectomy. The regions were the fundus, body, and pre-antral area. The “pre-antral” region was at the distal end of the specimen, i.e., the area closest to the true antrum that was included in the resection. As specified in the “Materials and Methods” section, the stomach was divided using linear endoscopic staplers, commencing 5 cm proximally to the pylorus. This correlates to the antrum in most patients, albeit the proximal part thereof. We used “pre-antral” to differentiate from endoscopic/histologic specimens obtained in other reports from the prepyloric region endoscopically in healthy patients [2] or from resected antra of gastric cancer patients [3].

The presence of transitional gastric mucosa was not investigated and could potentially lead to a difference from the “true” antrum, but the optimal distance from the pylorus is still in debate (as elaborated in the discussion)—a distance of 5 cm was chosen which is consistent with the 2–6 cm from the pylorus recommended in the International Sleeve

Gastrectomy Expert Panel Consensus Statement [4]. Histologic examination of our specimens did not find noteworthy inflammation.

Of the 20 patients enrolled, only 2 suffered from comorbidities (diabetes in one and hyperlipidemia in the other). Therefore, we did not comment on the potential role of the metabolic syndrome in the behavior of gastric endocrine cells.

We hope that our study, which helps define the borders of significant ghrelin-producing tissue, will assist surgeons in optimizing sleeve gastrectomy construction.

Conflict of interest David Goitein, M.D. and Moshe Rubin, M.D. have no conflict of interest to declare.

References

1. Goitein D, Lederfein D, Tzoni R, et al. Mapping of ghrelin gene expression and cell distribution in the stomach of morbidly obese patients—a possible guide for efficient sleeve gastrectomy construction. *Obes Surg*. 2012;22:617–22.
2. Gnanapavan S, Kola B, Bustin SA, et al. The tissue distribution of the mRNA of ghrelin and subtypes of its receptor, GHS-R, in humans. *J Clin Endocrinol Metab*. 2002;87:2988.
3. Tanaka-Shintani M, Watanabe M. Distribution of ghrelin-immunoreactive cells in human gastric mucosa: comparison with that of parietal cells. *J Gastroenterol*. 2005;40:345–9.
4. Rosenthal RJ, Diaz AA, Arvidsson D, et al. International Sleeve Gastrectomy Expert Panel Consensus Statement: best practice guidelines based on experience of >12,000 cases. *Surg Obes Relat Dis*. 2012;8:8–19.

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