Letter to the Editor: An Evidence-Based Algorithm for the Management of Marginal Ulcers following Roux-en-Y Gastric Bypass

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Abbreviations

MU	Marginal Ulcer
NSAID	Non-steroidal anti-inflammatory drug
PPI	Proton Pump Inhibitor
RYGBP	Roux-en-Y Gastric Bypass

To the editor:

Obesity surgery recently published an interesting review entitled “An Evidence-Based Algorithm for the Management of Marginal Ulcers following Roux-en-Y Gastric Bypass” by Carr et al. [1]. I absolutely agree with their recommendations concerning the therapeutical management of MU following gastric bypass surgery based on 47 relevant articles including large case series and case control studies. Following their proposed algorithm for the management of MU, patients treated by NSAID and smokers are seen as a high risk group to develop MU and lifelong PPI prophylaxis is recommended. In my opinion, also patients with hyperacidity in their gastric pouch have to be seen as high risk patients and PPI prophylaxis should be performed. Hedberg et al. found that the proximal pouch of patients suffering from MU is significantly more exposed to acid compared to asymptomatic RYGBP patients. In their study, the median percentage of time with pH <4 was 69 % in patients with MU in pH metry and 20 % in asymptomatic RYGBP patients, respectively [2]. Additionally

Siilin et al. found a large amount of acid-producing parietal cells in histologically investigated suture rings of the gastrojejunostomy following stapled anastomosis with circular staplers regardless of the performed pouch size [3].

In my opinion, pH metry should be included in the presented algorithm of Carr WR for patients suffering from upper gastrointestinal symptoms, additionally to endoscopic investigation. If MU cannot be found as main pathology for upper gastrointestinal symptoms endoscopically, pH metry should be performed additionally. Except of *Helicobacter pylori* eradication in these patients lifelong PPI prophylaxis should be administered to patients with detected hyperacidity in their proximal pouch.

Conflict of Interest None.

References

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