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Clinical outcome of laparoscopic antireflux surgery for patients with irritable bowel syndrome

With great interest we read the article by Raftopoulos et al. [27] titled "Clinical outcome of laparoscopic antireflux surgery for patients with irritable bowel syndrome." The authors evaluated the symptomatic outcome of gastroesophageal reflux disease (GERD) patients with a comorbidity of irritable bowel syndrome (IBS) in comparison to patients without any known comorbidity before surgical intervention. Surgical outcome was evaluated by using a visual analogue scale (0–10) for GERD and IBS symptoms as well as for well-being. A total of 102 patients ($n = 32$ with IBS) were included in the study, and based on manometric findings, four different antireflux procedures were performed. Before surgery, the symptom scores rated by the patients were all significantly higher in the IBS group compared to the control group. Postoperatively, patients in both groups showed significant improvement in the majority of symptoms, some remained unchanged, and in the case of gas bloat, there was a significant increase in the non-IBS group. In addition, the authors found that after surgery 80% of the IBS group no longer met the Rome II criteria for IBS diagnosis. Based on the fact that gas bloat and diarrhea increased postoperatively in the non-IBS group, two patients from this group met the criteria for IBS after surgery. The authors concluded that laparoscopic antireflux surgery does not worsen IBS-related symptoms in patients with a presurgical comorbidity of IBS, and that IBS patients benefit more from surgery in relation to patients' subjective degree of well-being.

We congratulate the authors for their interesting findings showing that there is a large overlap of gastrointestinal symptoms between GERD and IBS. In the past, it has been shown that the diagnosis of IBS using the Rome II criteria can be problematic in clinical practice as well as in clinical research [2]. In addition, bowel dysfunction is often an adverse effect of antireflux surgery [6]. This raises the following question: Was it really IBS that was diagnosed before and after surgery or simply a larger spectrum of different gastrointestinal symptoms in relation to GERD and medication? Nevertheless, several other study groups have shown that there can be an effect of comorbidities or psychosocial aspects on the outcome of laparoscopic antireflux surgery [1, 3, 5, 8].

We are interested in whether the authors found any effect of gender or the kind of wrap being performed on the symptomatic outcome. In addition, it would be interesting to know if some of the patients have been on psychiatric medication and whether there was relation between symptom perception and stress. Based on our findings [4, 5], we have concluded that psychiatric comorbidities or the perception of GERD symptoms in any kind of relation to stress can modify patients' perception of different gastrointestinal symptoms after antireflux surgery. We welcome comments from the authors and other experts in the field.

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