

Anti-reflux surgery does not remove cancer risk in Barrett's esophagus

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We read with interest the recent letter from Drs Lenglinger and Riegler published in *Surgical Endoscopy* [1]. This was in response to a study by Ciovica et al. [2] on the use of antisecretory medication after antireflux surgery.

The letter commented that the findings of the study “are of major oncological impact.” This comment was based on the statement that proven abolition of reflux in patients with Barrett's esophagus (BE) will “eliminate the risk for progression to dysplasia and cancer”. It is this statement that raises concern. There is no current evidence that this is indeed the case, and certainly there is no study with a follow-up period sufficiently long actually to confirm or refute the hypothesis [3].

The mechanisms behind the progression to dysplasia and ultimately to cancer in BE are complex and not fully understood. Certainly, prevention is not as simple as the cessation of pathologic reflux. There have been advances in endoscopic techniques for the ablation of BE, but although the early results for the control of dysplasia and early cancer are excellent, the utility of ablation for cancer prevention remains unknown.

It should be stressed that the presence of BE is not an indication for antireflux surgery alone, and certainly both surgeons and patients should not be assuming that the risk of cancer, albeit small, will be removed.

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References

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