Response to “What causes gastroesophageal reflux following sleeve gastrectomy?”

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Dear Editor,

We would thank you for attention to our prospective analysis on a challenging item like gastroesophageal reflux after sleeve gastrectomy (SG). Our experience, explained with volumetric 3D measurement of sleeve volume, evidenced two clear points: first, we confirmed hypothesis that reflux is improved in patients with gastroesophageal reflux disease (GERD) after SG, while, on the other hand, new cases of reflux after SG resulted were good responders to oral therapy, at 1-year follow-up.

Considering literature data, we indicated possible new onset of reflux that should be considered characteristic after SG, at least in a minority of case. In addition, there may be a possibility that this post-SG reflux is not pathologic reflux because it is not acidic, owing to a decrease in total acid production post-surgery. On this line, recent studies underlined de novo cases, evidenced the enhancement of symptoms, more than reflux episodes, in half of preoperative GERD patients. It should be interesting evaluation of gastric emptying time and of rate of not acid reflux, to well understanding mechanism of reflux after SG.

Based on actual scientific evidence, we do not consider low and mild esophagitis as contraindication to SG. Long-term results are mandatory, but, among different experiences, it is reported low rate of conversion for reflux.

Debate on this topic should be enhanced. In literature, although scientific appeal for reflux after SG is confirmed, few

reports exposed long-term results on symptoms and ph-report. These two analyses, according with endoscopic findings, may lead to real incidence of new cases of reflux.

All scientific reports and controlled study may lead to comprehension of best approach for obese with symptomatic reflux.

Moreover, our opinion, confirmed by international reports, reinforced opinion that technical standardization and collecting data are mandatory to define the real effect of SG on GERD.

Personally, we are performing long-term evaluation of new cases of reflux, analyzing conversion rate for patients that do not respond to medical therapy. A low rate of conversion for untreatable GERD of severe esophagitis is expected, according with actual report.

Thank you for this space.

Compliance with Ethical Standards

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

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