Response to: Esophageal Cancer After Bariatric Surgery: Increasing Prevalence and Treatment Strategies

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We would like to thank Dr. Hussain [1] for his comment to our recently published manuscript in Obesity Surgery [2]. We provided global estimates on the incidence of esophageal cancer after bariatric surgery, based on crude rates. Furthermore, treatment options were provided by a retrospective cohort.

Gastroesophageal reflux disease (GERD), with obesity as a predisposing factor, is an acknowledged risk factor for esophageal cancer and anatomical changes after some bariatric procedures can worsen it. Therefore, it could be hypothesized that the type of bariatric surgery might affect the incidence of postbariatric esophageal cancer. However, simultaneous weight loss and its effect on reducing GERD interact with this phenomenon in a yet undisclosed manner.

As stated by Dr. Hussain, Roux-en-Y gastric bypass should be considered the bariatric procedure of choice in patients with existing Barrett's esophagus or GERD. This procedure is also used to treat GERD in obese patients when a traditional anti-reflux operation may not be sufficient [3, 4]. On the contrary, laparoscopic sleeve gastrectomy has been reported to worsen or induce symptoms of GERD [5, 6]. Additionally, de novo incidence of Barrett's esophagus is 15–18.8% after sleeve gastrectomy, with a significant proportion asymptomatic patients [7]. The IFSO therefore recommends endoscopic surveillance for all patients after one year, followed by every 2–3 years after sleeve gastrectomy, thus enabling early detection of (de novo) Barrett's esophagus or upper gastrointestinal malignancies. Endoscopic surveillance after Roux-en-Y gastric bypass is recommended to be performed in case of symptoms [7].

We believe that patients need to be informed about postbariatric esophageal cancer; however, since the impact of type of bariatric surgery on this incidence remains to be determined, this should be done cautiously.

Declarations

Ethics Approval This article does not contain any studies with human participants or animals performed by any of the authors.

Consent to Participate Informed consent does not apply.

Conflict of Interest The authors declare no competing interests.

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