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Speaker	Genco                      Alfredo                      under40 <input type="checkbox"/>
ARGOMENTO	Tecnologie emergenti in chirurgia bariatrica
<b>TITOLO DEL LAVORO</b>	<b>Esophageal adenocarcinoma after sleeve gastrectomy: actual or potential threat? Italian series and literature review</b>
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RELATORE	
INTRODUZIONE	Sleeve gastrectomy (SG) leads to esophageal mucosal damage in an elevated percentage of cases, configuring a clinical condition of Barrett's esophagus (BE) in a proportion as high as 15-18.8%. BE may finally, but seldom result in esophageal adenocarcinoma (EAC). Objective: In consideration of the fact that BE is indeed a precancerous lesion which may progress towards malignancy, awareness should be raised regarding such a potential scenario after this popular bariatric procedure. Setting: Bariatric referral centers, Italy
METODI	All patients referred to our bariatric center who developed an EAC after SG between 2012 and 2019 were reviewed and consecutively included in this study. The available scientific literature to this regard is additionally reviewed.
RISULTATI	The 3 male subjects comprised in this case series underwent laparoscopic SG between 2012 and 2015 in different bariatric referral centers. Age and body mass index (BMI) at baseline ranged 21-54 years and 43.1-75.6 kg/m <sup>2</sup> , respectively. All patients were lost to follow up early after surgery (3.7±1.4 months) and were diagnosed with EAC at a mean 27.3±7.6 months after SG. The 4 reported cases in scientific literature, developed an EAC at a mean 32.5±23 months from SG. Overall, a diagnosis of EAC was made approximately 30.3±17.1 months postoperatively, which seems relatively and worryingly early after surgery.
DISCUSSIONE	Although the rate and probability of progression from BE to EAC is still not well-defined, assuming that the rising popularity and execution of SG leads to a growth in BE incidence, then the preoperative identification and stratification of cancer risk factors in this subset of patients is strongly encouraged. Clinical and endoscopic follow up are essential in order to allow for prevention, early diagnosis and for epidemiological data collection purposes
BIBLIOGRAFIA	
Revisore	Non assegnato
Accettazione	Non ancora definito
Note	