

IDabstract

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under40



ARGOMENTO

La gestione del follow-up e la prevenzione delle complicanze

**TITOLO DEL LAVORO**

**GASTRO-ESOPHAGEAL REFLUX AFTER BARIATRIC SURGERY: clinical-endoscopic, mid and long term evaluation after Gastric Banding, R-Y Gastric By-Pass, Laparoscopic Sleeve Gastrectomy and One Anastomosis Gastric By-Pass: preliminary results.**

AUTORI

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RELATORE

INTRODUZIONE

The rapid expansion of bariatric surgery highlighted necessity of management of new problems, increasing over the years. Gastro-esophageal reflux after bariatric surgery is currently a topic of great interest in the scientific community worldwide as it would be responsible for possible complications. The aim of this study is to compare the incidence of GERD on the basis of clinical, endoscopic, and histologic data in patients undergoing Gastric Banding (GB), R-Y Gastric By-Pass (RYGBP), Laparoscopic Sleeve Gastrectomy (LSG) and One Anastomosis Gastric By-pass (OAGB). The mean follow-up was about ten years in GB, RYGBP and LSG groups, and only 3 years in OAGB group (performed since 2015).

METODI

From January 2006 to December 2010, 484 patients underwent the above 4 bariatric surgeries. Preoperatively all patients underwent clinical evaluation of GERD symptoms, and esophagogastroduodenoscopy (EGD). A postoperative clinical control with clinical evaluation, and EGD was proposed to all patients.

RISULTATI

241 patients accepted to take part in the study (49.8 %). The mean BMI reduction at follow-up was significantly different in Gastric Banding group versus 3 other surgeries: -6.2, -16.9, -16.7, -17.3 points in GB group, RYGBP group, LSG group and OAGB group, respectively ( $p < 0.0001$ ). At a mean 10 years of follow-up, at EGD, we found a statistically significant increase in the incidence and in the severity of esophagitis in patient undergoing LSG (75.6%), compared to patients undergoing other surgeries; 16 new cases of Barrett's Esophagus (17%) were found in LSG patients. A biliary-like esophageal reflux was found in 76% and in 12.5% of LSG and OAGB patients, respectively. Moreover, a biliary-like gastric reflux was evidenced in a large number of cases, in particular, it is significantly increased in LSG and OAGB patients (80% and 70.8%, respectively), compared to GB and RYGBP patients (8% and 0%, respectively) ( $p < 0.0001$ ). Based on EGD and the histological results, marginal ulcer occurred in 14.6% (6 patients) of RYGBP patients compared to 10.4% (5 patients) of OAGB patients. Among 112 patients underwent OAGB, one patient (0.9%) presented a perforation of marginal ulcer. Serious anastomosis mucosal inflammation was found in 49% of OAGB patients compared to 5% of RYGBP patients. A group of 16 patients with Gastric Banding underwent banding removal (28%) at a mean of 8 years from GB surgery; specifically, 8 patients simultaneously were converted to RYGBP, LSG or OAGB. Furthermore, banding removal was performed in patients with port rejection, steady weight or weight regain, severe dysphagia and regurgitation. 7 LSG patients (7.3%) (3 patients with Barrett's Esophagus diagnosis, and 4 patients with not responding biliary reflux) were converted to RYGBP. 5 OAGB patients (10.4%) with a short gastric pouch performed in early operation experience, underwent conversion to RYGBP at a mean of four years from surgery. No conversion surgery was performed in RYGBP patients.

DISCUSSIONE

The results show that GB induces poor long term results in terms of weight reduction.

Furthermore, LSG induces higher rate of complications related to gastro-esophageal reflux; lower gastro-esophageal reflux was reported in OAGB and GB patients groups. No gastro-esophageal reflux was found in RYGBP. High rate of jejuno-gastric reflux was found only in OAGB patients. Marginal ulcer was found in both R-YGB and OAGB. The short follow-up of OAGB patients suggests that further studies are needed in order to confirm the long-term efficacy and possible complications.

#### BIBLIOGRAFIA

Revisore

Non assegnato

Accettazione

Non ancora definito

Note