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| Speaker | Casella Giovanni under40 <input type="checkbox"/> |
| ARGOMENTO | Obesità e cancro |
| TITOLO DEL LAVORO | Effects of revisional RYGB on sleeve gastrectomy-induced GERD |
| AUTORI | Prof. Giovanni Casella, Dott.ssa Lidia Castagneto Gissey, Dott.ssa Valentina Viceconte, Dott.ssa Alessandra Iodice, Dott. Ilario Lattina, Dott.ssa Loredana Gualtieri, Prof. Alfredo Genco |
| RELATORE | |
| INTRODUZIONE | Laparoscopic Sleeve Gastrectomy (LSG) is the most used bariatric procedure in Italy and Europe. Its most debated long-term complication is post-operative gastroesophageal reflux disease (GERD) ("de novo" or worsening) leading to severe reflux symptoms, erosive esophagitis and ultimately Barrett's Esophagus (BE). We aimed at investigating the effects of revisional RYGB on LSG-induced GERD. |
| METODI | Between 2008 and 2020, a total of 410 LSGs were performed at our Institution. Twenty-one cases of BE were diagnosed during endoscopic follow up. These patients received close clinical and endoscopic surveillance and 7 of these subjects underwent conversion to Roux-en-Y Gastric Bypass (RYGB). The RYGB was carried out performing a 2.5-cm antecolic gastrojejunostomy with 100 cm alimentary limb and a 65 cm biliopancreatic limb. Preoperative evaluation included both endoscopy and an upper gastrointestinal X-ray series. Follow up was completed at 1, 3 and 6 months by clinical evaluation and laboratory tests. All data were analyzed at baseline (pre-LSG) (T0), T1(pre-Redo RYGB) and T2 (post-Redo RYGB), subdivided in T2a, T2b and T2c (i.e. 1, 3 and 6 months post-redo, respectively). A retrospective analysis of the following variables was performed: anthropometric data; endoscopic findings at T0 and T1; operative data; PPI intake; modified Italian-GERD-HRQL questionnaire at T1 and T2c. |
| RISULTATI | Mean age and BMI at baseline were 53.8 ± 7 years and 34 ± 3.3 kg/m ² , respectively, including 5 (71%) females and 2 males. BMI curve at follow up was 24.3 ± 1.8 kg/m ² , 22.4 ± 1.1 kg/m ² , 22.2 ± 1.0 kg/m ² and 22.1 ± 1.0 kg/m ² , at T1, T2a, T2b and T2c, respectively. Endoscopic findings graded by the Los Angeles Classification included 5 patients without esophagitis and 2 patients with Grade A esophagitis (28.5%) at baseline (T0); 3 patients with Grade A (42.9%), 3 with Grade B (42.9%) and 1 patient with Grade C esophagitis (14.2%) at T1. Timing between LSG and RYGB was an average 97.6 ± 17.5 months. Operative time was approximately 165 ± 54.5 minutes. No postoperative mortality, intraoperative or post-operative complications occurred in the present study. Patients were discharged after a mean 3.5 days from surgery. At T1 all patients were on PPIs at maximum dosage (80mg daily), while all patients managed to discontinue PPIs by 6 months from redo surgery. Pre and post-operative MI-GERD-HRQL questionnaire mean points were respectively: T1 65.5 ± 7.5 vs T2c 3.25 ± 3 points (out of a total of 75 points); T1 27.5 ± 2 vs T2c 1.5 ± 1 points (Regurgitation score, out of a total of 30 points); T1 27 ± 2 vs T2c 1.25 ± 0.5 points (Heartburn scores, out of a total of 30 points). |
| DISCUSSIONE | Redo RYGB after LSG is safe when performed by experienced bariatric surgeons and is effective for GERD treatment. No pathological weight loss (BMI < 18.5 kg/m ²) was observed in patients undergoing redo RYGB. The MI-GERD-HRQL questionnaire shows that RYGB allows a clear improvement of symptoms associated with GERD |
| BIBLIOGRAFIA | Sleeve gastrectomy and gastroesophageal reflux: a comprehensive endoscopic and pH-manometric prospective study. Castagneto-Gissey L, Genco A, Del Corpo G, Badiali D, Pronio AM, Casella G. Short-term weight-mediated effects of sleeve gastrectomy on echocardiographic surrogate markers of atherosclerotic vascular disease. Casella G, Castagneto-Gissey L. |

Duodenal-jejunal bypass improves nonalcoholic fatty liver disease independently of weight loss in rodents with diet-induced obesity.

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May Pouch Volume and Shape Influence GERD Symptoms Resolution After Conversional Roux-en-Y Gastric Bypass for Sleeve Gastrectomy Related Erosive Esophagitis?

Iannelli A, Schiavo L.

Revisore

Non assegnato

Accettazione

Non ancora definito

Note