

Metaplasia intestinale nello stomaco escluso dopo Rou-en-Y gastric bypass. Qual è l'approccio corretto?

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Management of epithelial precancerous conditions and lesions in the stomach (MAPS II): European Society of Gastrointestinal Endoscopy (ESGE), European *Helicobacter* and Microbiota Study Group (EHMSG), European Society of Pathology (ESP), and Sociedade Portuguesa de Endoscopia Digestiva (SPED) guideline update 2019



STATEMENT

1 Patients with chronic atrophic gastritis or intestinal metaplasia are at risk for gastric adenocarcinoma. High quality evidence (100% agree [94% strongly or moderately agree]).

RECOMMENDATION

3 Patients with advanced stages of gastritis, that is, atrophy and/or intestinal metaplasia affecting both antral and corpus mucosa, should be identified as they are considered to be at higher risk for gastric adenocarcinoma. Moderate quality evidence, strong recommendation (94% agree [94% strongly or moderately agree]).

17 Patients with advanced stages of atrophic gastritis (severe atrophic changes or intestinal metaplasia in both antrum and corpus, OLGA/OLGIM III/IV) should be followed up with a high quality endoscopy every 3 years (low quality evidence, strong recommendation)

Endoscopic Findings in the Excluded Stomach After Roux-en-Y Gastric Bypass Surgery

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Table 4. Current vs Preoperative Disorders in the Main Gastric Chamber in 35 Patients^a

Description	Preoperative	Postoperative
Endoscopically normal ^b	25 (71.4)	9 (25.7)
Erythematous gastritis	6 (17.1)	10 (28.6)
Erosive and/or hemorrhagic gastritis	4 (11.5)	10 (28.6)
Atrophic gastritis ^c	0	6 (17.1)

^aValues are given as number of patients (percentage).

^b $P = .005$; all other P values were nonsignificant.

^cTwo patients (5.7%) also had suspect areas of intestinal metaplasia that were confirmed at histologic analysis.

Surg Endosc (2009) 23:1646–1648
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VIDEOS

Laparoscopic transgastric access to the common bile duct after Roux-en-Y gastric bypass

G. Dapri · J. Himpens · M. Buset · G. Vasilikostas ·
R. Ntounda · G. B. Cadière



Is It Feasible to Reach the Bypassed Stomach after Roux-en-Y Gastric Bypass for Morbid Obesity? The Use of the Double-Balloon Enteroscope

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Endoscopy 2005; 37 (6): 566-569

Table 1 Characteristics of the patients and results after double-balloon endoscopy

Pa-tient	Sex	Age	Postopera-tive period (months)	Time needed to reach the bypassed stomach (min)	Endoscopic findings
1	F	58	72	60	Hyperemic gastritis with mild atrophy
2	M	51	54	20	Hyperemic gastritis
3	F	50	45	30	Erosive hemorrhagic gastritis with mild atrophy
4	F	49	50	60	Severe atrophic gastritis with intestinal metaplasia in the antrum
5	F	55	24	–	–
6	F	61	36	18	Erosive hemorrhagic gastritis

Epithelial Cell Turnover Is Increased in the Excluded Stomach Mucosa After Roux-en-Y Gastric Bypass for Morbid Obesity

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Joel Faintuch · Robson Ishida · Paulo Sakai ·
Ivan Ceconello · Ulysses Ribeiro Jr.


Cell proliferation is increased and apoptosis is downregulated in the excluded gastric mucosa.

Caspase-3 decreased
Gastrin cells reduction
Ki-67 increased

	RYGB		Control		<i>p</i> value
	<i>N</i>	%	<i>N</i>	%	
Ki-67		SD		SD	
Antrum	24.88	13.8	17.7	7.87	0.01 ^a
Body	24.72	16.0	15.03	1.33	0.002 ^a
Pouch	18.3	12.6			
High caspase-3					
Antrum		31		46	0.02 ^a
Body		23.4		44	0.015 ^a
Pouch		49		–	
Gastrin—antrum	29.6	7.38	55.5	9.95	0.0003 ^a
High CD-3					
Antrum		19.6		19.44	0.96 ^a
Body		26.5		21.3	0.19 ^a
Pouch		18.4		–	
High CD8 (% of CD3+ cells)					
Antrum		48.7		41	0.43 ^b
Body		43		51	0.84 ^b
Pouch		45		–	



Remnant Gastric Cancer After Roux-en-Y Gastric Bypass: Narrative Review of the Literature

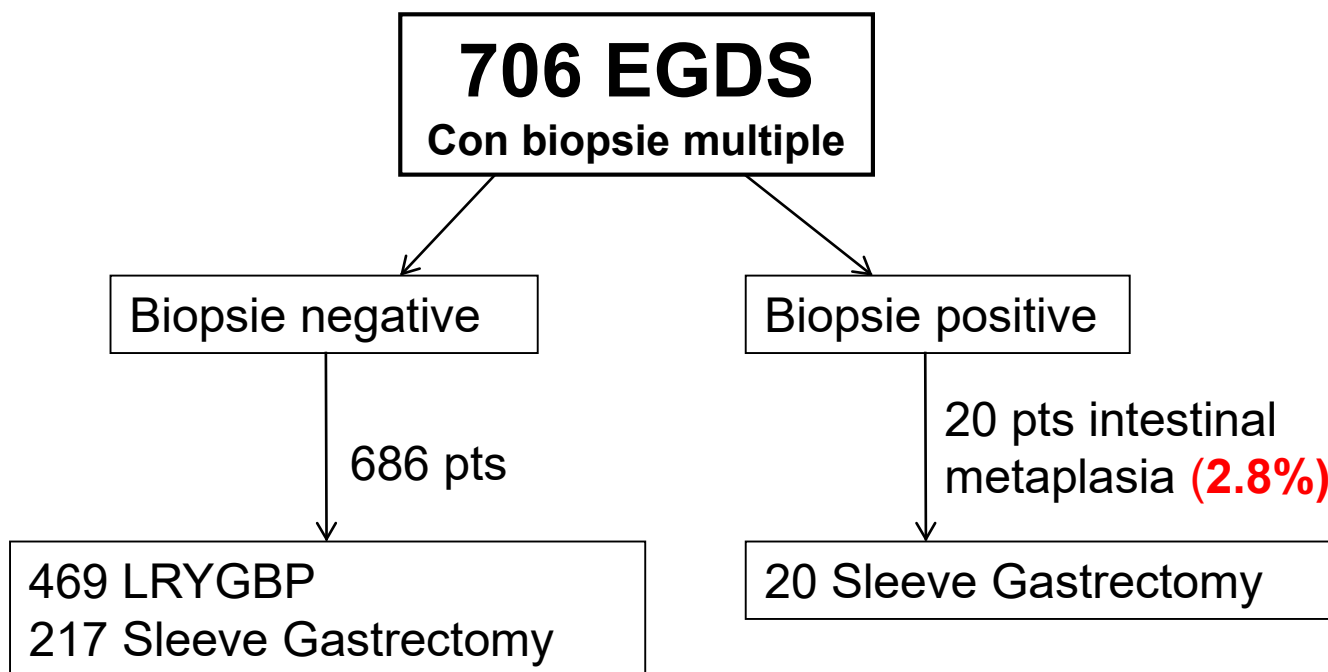
Stefania Tornese¹ · Alberto Aiolfi¹  · Gianluca Bonitta¹ · Emanuele Rausa¹ · Guglielmo Guerrazzi² · Piero Giovanni Bruni¹ · Giancarlo Micheletto² · Davide Bona¹

- Seventeen patients
- antrum/prepyloric region in 70% of cases
- adenocarcinoma 80%
- advanced tumor stage (III–IV) 70%
- 40% were considered unresectable
- follow-up ranged from 3 to 26 months and the overall disease-related mortality rate was 33.3%.

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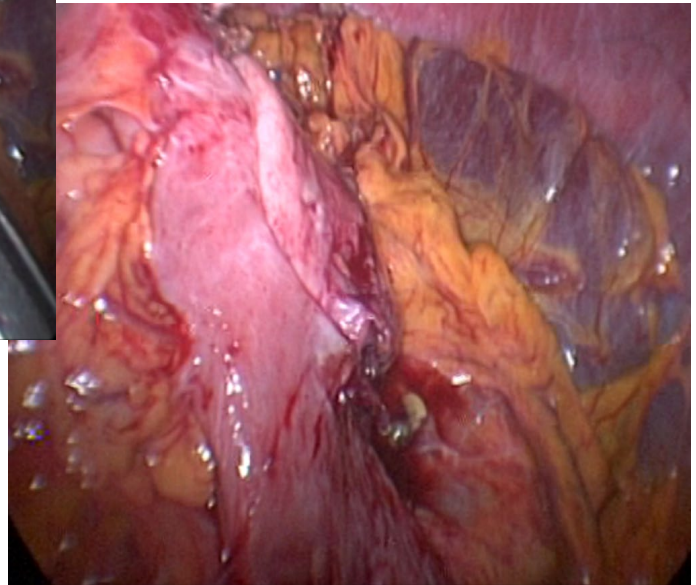
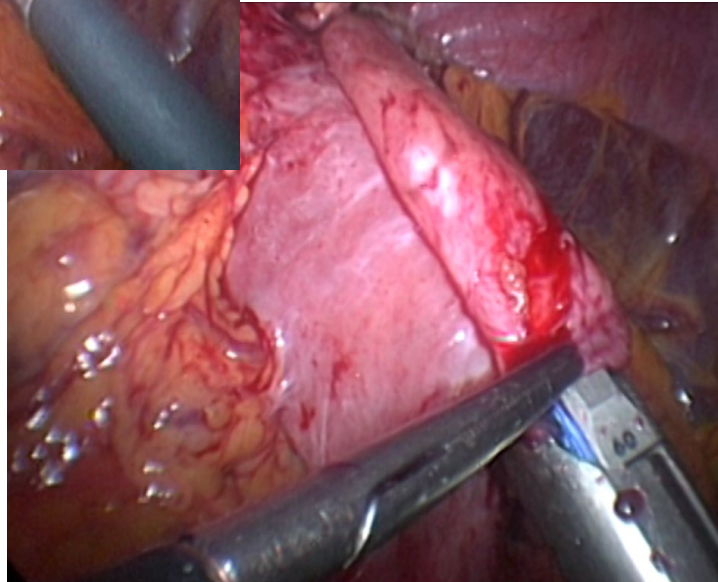
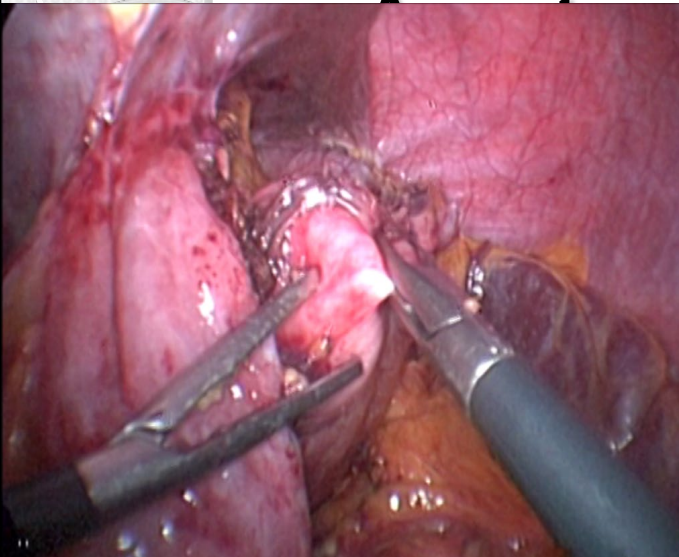
Gennaio 2001-Dicembre 2019

469 RYGBP
237 SG



Casistica Centro

- Pt 45 aa
- EGDS preoperatoria nella norma
- Metaplasia intestinale completa a 12 mesi
- Metaplasia intestinale antro e corpo-fondo dopo 5 anni



CONCLUSIONI

Lo studio endoscopico preoperatorio della mucosa gastrica con biopsie multiple risulta mandatorio prima di effettuare il by pass gastrico, al fine di evidenziare anomalie che potrebbero modificare la strategia chirurgica.



**Grazie per
l'attenzione**