

## **Suggested Reading**

Gastroesophageal Reflux Disease and Barrett's Esophagus after Laparoscopic Sleeve Gastrectomy – a possible, underestimated long term complication

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The aim of the study was to determine the incidence of GERD in patients undergoing laparoscopic sleeve gastrectomy. The study was conducted between July 2007 and January 2010 at a single institution, the University Hospital Rome in Italy. 110 of the 162 patients who underwent laparoscopic sleeve gastrectomy in this time period took part in the study.

Clinical, endoscopic and histological data was analysed in these 110 patients at a mean of 58 months post-laparoscopic sleeve gastrectomy.

The main findings were, compared to preoperative values, the incidence of GERD symptoms (68.1% vs 33.6%  $p < 0.0001$ ), the Visual analogue mean scoring of GERD symptoms (3 vs 1.8,  $p = 0.018$ ) and PPI consumption (57.2% vs 19.1%  $p < 0.0001$ ) increased after laparoscopic sleeve gastrectomy.

Endoscopic findings of note were the presence of intra-thoracic migration of the sleeve (determined by the upward migration of the Z line) in 73.6% of cases and the presence of bile refluxate in the esophagus in 74.5% of cases. There was a significant increase in the incidence and severity of erosive esophagitis and non-dysplastic Barrett's esophagus was noted in 17.2% of cases. Of relevance there was no correlation of significance between the endoscopic findings and GERD symptoms

This study has shown a very high incidence of erosive esophagitis and Barrett's esophagus compared to previous published studies. In addition, of concern is the fact that the endoscopic findings did not correlate with the severity of GERD symptoms. The study advocates endoscopic surveillance of all patients undergoing laparoscopic sleeve gastrectomy in light of the high incidence of erosive esophagitis and Barrett's esophagus irrespective of the absence or presence of GERD symptoms.