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Letter to the Editor

Gastroesophageal Reflux Disease in a Patient With a BMI of 30 kg/m² and Previous Endoscopic Sleeve Gastropasty: Indication for a One-anastomosis Gastric Bypass[☆]



Acerca de la enfermedad por reflujo gastroesofágico en un paciente con un IMC 30 kg/m² y gastroplastia vertical endoscópica previa: indicación para un *bypass* gástrico de una anastomosis

We have read the article by Ruiz-Tovar et al.¹ with interest. They present an interesting case report describing a new indication for gastroesophageal reflux after a restrictive endoscopic procedure: conversion to one-anastomosis gastric bypass (OAGB). Despite the excellent results, the case also presents some points of conflict that may be interesting to discuss.

Firstly, the benefits of bariatric surgery in patients with grade I obesity are a topic of frequent discussion in bariatric surgery forums, and there is already evidence supporting the benefit of bariatric surgery^{2,3} below 35 kg/m². In this group of patients, conventional anti-reflux treatment can be equally effective.⁴⁻⁶ In the specific case of the patient presented with a history of the restrictive endoscopic technique, this would not be a contraindication since the fundus is usually unharmed or has minimal changes due to the plication.^{7,8}

What is discussed in greater length is the choice of OAGB for a case like the one described. The authors have extensive long-term experience with this procedure, and their published results are excellent both in weight loss as well as short- and long-term complications. The arguments presented regarding the beneficial effect of this surgery and the morphological characteristics to prevent reflux are valid, but they clash with the general recommendations of a small reservoir for its prevention.⁹ On the other hand, it may be debatable to choose a malabsorptive procedure for a patient with class I obesity.

A priori, one of the weak points of the OAGB is bile reflux. Although in longer series the percentage does not exceed 10%,

this is the worst enemy for a patient with reflux and esophagitis due to the risk of degeneration to Barrett's mediated by bile reflux.¹⁰ The authors cite several reviews and case series that significantly reduce this complication, but we cannot forget that this technique is still relatively young. We should point out that even gastric bypass, a common technique for patients with reflux, has a non-negligible risk of reflux recurrence.

Although the results presented are excellent, it is important to highlight that we still have many questions about whether the option presented is the most appropriate for the case presented. This case may serve to broaden the knowledge base, but we currently do not have enough evidence to be able to recommend the published strategy.

REFERENCES

1. Ruiz-Tovar J, Carbajo MA, Jimenez JM, Ortiz-de-Solorzano J, Castro MJ. Enfermedad por reflujo gastroesofágico en un paciente con un IMC 30 kg/m² y gastroplastia vertical endoscópica previa: indicación para un *bypass* gástrico de una anastomosis. *Cir Esp.* 2019;97:416-8.
2. Committee ASMBS. Bariatric surgery in class I obesity (body mass index 30-35 kg/m²). *Surg Obes Relat Dis.* 2013;9:e1-0.
3. Busetto L, Dixon J, de Luca M, Shikora S, Pories W, Angrisani L. Bariatric surgery in class I obesity: a position statement

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- from the international federation for the surgery of obesity and metabolic disorders (IFSO). *Obes Surg.* 2014;24:487-519.
4. Kendrick ML, Houghton SG. Gastroesophageal reflux disease in obese patients: the role of obesity in management. *Dis Esophagus.* 2006;19:57-63.
 5. Anvari M, Bamehriz F. Outcome of laparoscopic Nissen fundoplication in patients with body mass index ≥ 35 . *Surg Endosc.* 2006;20:230-4.
 6. Yates RB, Oelschlager BK. Surgical treatment of gastroesophageal reflux disease. *Surg Clin North Am.* 2015;95:527-53.
 7. Lopez-Nava G, Galvão MP, Bautista-Castaño I, Jimenez-Baños A, Fernandez-Corbelle JP. Endoscopic sleeve gastropasty: how I do it? *Obes Surg.* 2015;25:1534-8.
 8. López-Nava G, Bautista-Castaño I, Jimenez A, de Grado T, Fernandez-Corbelle JP. The Primary Obesity Surgery Endolumenal (POSE) procedure: one-year patient weight loss and safety outcomes. *Surg Obes Relat Dis.* 2014;11:861-5.
 9. Altieri MS, Pryor AD. Gastroesophageal reflux disease after bariatric procedures. *Surg Clin North Am.* 2015;95:579-91.
 10. De Luca M, Tie T, Ooi G, Higa K, Himpens J, Carbajo M-A, et al. Mini Gastric Bypass-One Anastomosis Gastric Bypass

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