

Endoscopic evaluation 5 years following Sleeve Gastrectomy.

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AIM: Despite the universal popularity of the sleeve gastrectomy (SG), long term data on the impact of laparoscopic SG on the potential worsening of gastroesophageal reflux disease (GERD) and its complications such as Barrett oesophagus is scarce.

METHODS

We systematically proposed an EGD as a follow-up control to patients who underwent laparoscopic SG in 2012-2013 in our institution, with a minimal 5-year follow-up. Data concerning body weight, GERD symptoms and PPI use were collected.

RESULTS

Of 521 SG operated in 2012-13, 80 patients have been contacted and 68 accepted to undergo an EGD. So far, 16 EGDs have been realized in 10 women and 6 men with mean age of 47.7 years. Mean initial BMI is 47.3 (SD 8.6) and average %EBWL at 5 years is 43.8% (SD 29.9). A hiatal hernia (HH) was found in 12 cases (75%) and in 3 patients the HH was bigger than 2 cm. Eight patients (50%) had esophagitis (5 grade A and 3 grade B). Overall, 2 cases (12.5%) had histologically confirmed low grade dysplasia Barrett. 6 patients (37.5%) were on daily PPI therapy for GERD symptoms. Despite PPIs, esophagitis was diagnosed in 3 (50%) of them.

CONCLUSIONS

There seems to be a high incidence of HH (75%) 5-years post SG. 50% of patients undergoing EGD have erosive esophagitis and 12.5% have Barrett esophagus. In a population of young patients this translates into worrisome side effects advocating for long-term endoscopic follow-up post SG.