

# Effect of duodenal diversion on low-grade dysplasia in patients with Barrett's esophagus: Analysis of 37 patients

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It is well known that in patients with Barrett's esophagus (BE), even after antireflux surgery, intestinal metaplasia can progress to dysplasia or even adenocarcinoma. However, the opposite - that is regression of dysplastic changes to intestinal metaplasia after antireflux surgery - has been documented in only a few reports. The objective of this study was to determine the effect of a duodenal diversion operation on low-grade dysplasia in patients with BE. Thirty-seven patients with either short-segment ( $n = 12$ ) or long-segment ( $n = 25$ ) BE underwent antireflux surgery plus either a duodenal switch procedure (13 patients) or a partial distal gastrectomy with Roux-en-Y gastrojejunal anastomosis (24 patients). All of them were subjected to complete clinical, endoscopic, histologic, manometric, and 24-hour pH testing, and 24-hour monitoring of the bile exposure in distal esophagus. There were no deaths in this series, and morbidity occurred in only one patient (2.7%).

Manometric assessmen