## LETTER TO THE EDITOR





## "Upper Gastrointestinal Endoscopy Prior to Bariatric Surgery. Mandatory or Expendable? An Analysis of 801 Cases"

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To the Editor

Dear Sir,

I have read with great interest the article entitled "Upper gastrointestinal endoscopy prior to bariatric surgery. Mandatory or expendable? An analysis of 801 cases" by Wolter et al. [1].

I have several considerations:

- (1). The authors did not mention our prospective endoscopy study published also in this journal in 2007 [2]. In this paper, we performed also a histologic analysis of the squamo-columnar junction and from the antrum, which was not performed in the present study.
- (2). The authors mention the finding of "gastritis" in 32.1% of the patients. Which type of gastritis? Chronic active? Chronic inactive? Atrophic gastritis?

How many had intestinal metaplasia in the gastric mucosa?

(3). They mention the presence of GERD. Which type? Erosive esophagitis? Dilated cardia type III or IV? Short- or long-segment columnar epithelium?

Barrett's esophagus was diagnosed by biopsy samples? The authors state "esophagitis" in 0.5% of the patients' value which is completely different to other reports concerning preoperative endoscopic evaluation of bariatric patients.

- (4). We found *H. pylori* present in 53% of the patients, very different from the 3.7% in this study.
- (5). It was a retrospective study with all the problem that this means. Our study served to SAGES in the rules for preoperative medical evaluation for bariatric surgery to postulate the use of upper endoscopic and evaluation of the presence of *H. pylori* [3]. I agree with the authors that preoperative endoscopic evaluation is necessary in all patients, together with the histologic evaluation. However, the authors should be more careful and diligent when reviewing the previous publications concerning the study that they are developing.

## **Compliance with Ethical Standards**

Conflicts of Interest The author declares that she has no conflict of interest.

**Ethical Approval Statement** This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent Statement Does not apply

## References

- Wolters S, Dupree A, Miro J, et al. Upper gastrointestinal endoscopy prior to bariatric surgery. Mandatory or expendable? An analysis of 801 cases. Obes Surg. 2017;27(8):1938–43. https://doi.org/10.1007/ s11695-017-2622-9
- Csendes A, Burgos AM, Smok G, et al. Endoscopic and histologic findings of the foregut in 426 patients with morbid obesity. Obes Surg. 2007;37:183

  –6.
- SAGES Guidelines Committee. SAGES guideline for clinical application of laparoscopic bariatric surgery. Surg Endosc. 2008;22(10): 2281–300. https://doi.org/10.1007/s00464-008-9913-0.



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