



Letter to the Editor

The Essential Role of Esophagogastroduodenoscopy Prior to bariatric surgery

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Submitted: 30 May 2018

Approved: 19 June 2018

Published: 20 June 2018

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Keywords: Bariatric surgery; Dieulafoy's Lesion; Gastrointestinal Bleeding

Dear Editor

We read with interest the case report entitled "Dieulafoy's Lesion related massive Intraoperative Gastrointestinal Bleeding during Single Anastomosis Gastric Bypass necessitating total Gastrectomy: A Case Report" published in Archives of Surgery and Clinical Research by Ashraf Imam et al. [1]. We appreciate the authors for managing such a complicated case and for sharing their experience but, we have some conflict about the management, and we wanted to add some comments regarding the importance of EGD before bariatric surgery.

In the published case, no preoperative EGD was done and the authors mentioned that Dieulafoy's Lesion is very unlikely to be diagnosed in the routine endoscopy. We agree with that statement but, it is not a good reason to eliminate this diagnostic modality before surgery. Though controversial, there is growing evidence which supports the importance of routine EGD prior to obesity surgery [2]. This may alter the surgical or medical plan for the obese patient, Furthermore, we have a different opinion about this patient's management and, we wanted to share this with the authors.

In the reported patient, after control of the bleeding during gastrojejunal anastomosis, the OAGB (One Anastomosis Gastric Bypass) concluded successfully but, the patient was re-intubated because of severe bloody emesis at the recovery room and then an arterial bleeding point in the posterior wall of the lesser curvature close to the esophagogastric junction was found. This does not illustrate the reason for the huge gastric remnant seen at the laparoscopy because it was at least 200 cm far from the pouch and backwards flow of blood is very unlikely. Our opinion is, due to 90% diagnostic rate and about 75-100% success in hemostasis, on-table EGD should have a more highlighted role in treatment of the reported case [3].

Even if the pouch was dilated, it was not rational to perform a total gastrectomy in such an unstable patient and a laparoscopic pouch resection followed by Roux-en-y esophagojejunostomy could be a better choice in our point of view. Moreover, Feeding gastrostomy could be a better option rather than feeding jejunostomy, if needed.

In summary the essential role of endoscopy for screening the patients before bariatric surgery and, for the management of complications (though controversial), should always be kept in mind by bariatric surgeons.



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