



Editorial comment

Comment on: Short-medium term results of single anastomosis duodenal-ileal bypass compared with one anastomosis bypass for weight recidivism after laparoscopic sleeve gastrectomy

In the current article [1], the authors reported the results of the single anastomosis duodenal-ileal bypass (SADI) and one anastomosis gastric bypass (OAGB) for a cohort of 84 patients who presented with weight loss failure following laparoscopic sleeve gastrectomy (LSG). We especially commend the authors for the interesting topic of their article, as the revisional bariatric surgery after LSG is becoming more common because of the rapid increase in the number of patients undergoing this procedure as treatment for morbid obesity. The problem of inadequate weight loss and weight regain after LSG is an issue as for other bariatric procedures. Weight regain after Roux-en-Y gastric bypass is equally prevalent, but the procedure is not often performed because of lack of successful options in case of failure except for conversion to SADI/duodenal switch. Hence, LSG is more frequently revised, giving the impression that this procedure fails more frequently. Also, LSG is often performed as a 2-stage procedure, and when the second stage is performed it is often considered as a failure when it is not. For instance, in the current article, they have reported 66% (SADI group) and 69% (OAGB group) of the patients having the initial body mass index greater than 50 kg/m², patients who are misclassified as failure after LSG.

Which surgical strategy to adopt in case of weight regain following LSG? This question represents a controversy in the literature, and is still a matter of debate. All treatment options are described in the literature [2–9].

The purpose of our current letter is to discuss 2 major limitations of the present study. The first major bias is the important drop between the 24- and 36-month follow-up after the revisional surgery. We completely agree that the “honeymoon” period for every bariatric procedure is represented by the interval of 2–3 years following surgery, and long-term results (≥ 10 yr) are depending more on patients’ habits than on the type of bariatric surgery. Many patients are regaining weight 3–7 years after primary or revisional bariatric surgery. Hence, for a more accurate analysis of the recurrence of morbid obesity disease, a longer follow-up is suitable, especially for revisional bariatric surgery.

Many authors [6,8,9] have proposed OAGB as a revisional procedure for weight regain following LSG. This option must be carefully evaluated in terms of gastroesophageal reflux disease, as the esophagus has already had a potential acid exposure with the LSG and will be exposed to the alkaline reflux with the OAGB. These pH variations could be a trigger for dysplastic modifications of the mucosa at the level of the lower esophagus. As a result, in our opinion and probably also in that of the author’s, OAGB remains a controversial procedure, especially when it is proposed as revisional surgery following LSG.

This is also sustained by the fact that currently their strategy for revisional surgery in patients with recurrence of weight following LSG seems to have changed. According to Table 1, both SADI and OAGB together were representing less than 30 % of the total revisional bariatric surgery in 2018, with single anastomosis sleeve ileal bypass (SASI) being performed in 58 of 82 patients (70.7 %).

Considering this, the actual article can be an important information source for the literature, but at the same time it illustrates procedures and algorithms that are no longer or less practiced by the very same team. We must appreciate their efforts to find the best procedure. We encourage the authors to follow up the patients who underwent SASI and to report intermediate results of this new approach for revisional surgery following LSG.

Concluding, the authors are to be commended for reporting interesting data about findings of revisional surgery following LSG that should also be evaluated in longer prospective clinical trials in other centers, especially new procedures such as SASI.

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