



Reply to Letter Regarding “Barrett’s esophagus and Sleeve Gastrectomy”

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Dear Editor,

We thank the author for his/her interest in our study [1] since scientific debate is always the key to improve any scientific work. From its first online publication on Obesity Surgery, Sebastianelli et al.’s paper has raised considerable interest in the bariatric community with 1500 downloads in less than a year [1]. This interest clearly stems from the high rate of de novo Barrett’s esophagus (BE), namely 18.8%, found in this multicenter study including 90 patients in 5 bariatric centers in France and in Italy.

The definition of BE varies depending on the requirement for intestinal metaplasia at histology due to the different risk of developing an adenocarcinoma of the esophagus in columnar lined epithelium containing intestinal metaplasia compared with columnar lined epithelium without intestinal metaplasia [2]. However, the controversy is not only a matter of semantic as, although the rate of adenocarcinoma is markedly higher in the presence of intestinal metaplasia, DNA content abnormalities are similar in both metaplastic epitheliums with and

without goblet cells [2–4]. Furthermore, the yield for intestinal metaplasia depends on the number and quality of endoscopic biopsies going from 35% when only four biopsies are obtained up to 68% when eight biopsies are obtained [5]. Moreover, Gatenby et al. showed that more than 50% of patients without intestinal metaplasia had evidence of intestinal metaplasia at the 5-year follow-up and more than 90% were diagnosed with intestinal metaplasia at 10 years [6].

In spite of what may have been said orally in a meeting, the definition of BE in our study included the presence intestinal metaplasia as stated in the material and methods section of the article [1]. However, following this letter, all investigators from each center decided to review the pathological reports for concordance with the definition of BE including the presence of intestinal metaplasia and we are able to confirm the results reported in the paper. This is not surprising as our data are comparable with those reported by Genco et al. [7] and by Felsenreich et al. [8] that found 17.2% and 15% of BE in their respective series. On the other hand, we agree that, by the time

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being, these data only suggest the need for long-term follow-up in these patients and that only a long-term prospective, controlled, multicenter trial may provide the right answer to the significance of the histological abnormalities found in these patients.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Statement of Informed Consent This is a Letter to the Editor in which we do not directly involve human beings.

Statement of Human and Animal Rights This is a Letter to the Editor in which we do not directly involve human beings or animals.

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