



Sorting out the Myths from the Facts: Commentary on “The Relationship Between Histopathologic Findings and Body Mass Index in Sleeve Gastrectomy Materials” (Commentary)

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Dear Editor,

This letter is a reply to the letter to the editor entitled Sorting out the Myths from the Facts: Commentary on “The Relationship Between Histopathologic Findings and Body Mass Index in Sleeve Gastrectomy Materials” [1].

As also noted in the letter, various sentences meaning “there are no previous studies evaluating histopathological findings and BMI and sleeve gastrectomy materials” in the paper entitled “The Relationship Between Histopathologic Findings and Body Mass Index and Sleeve Gastrectomy Materials” [2] are expressions that exceed the purpose. In fact, the intention was to express the importance of the study which determined a statistically significant relationship between BMI and histopathologic findings. All of the participants in the study follow the literature and read the valuable contributions of many other researchers with interest.

The study by Saafan et al. [3] is one of the main articles we evaluated in our study as we planned our research and we are aware of the article’s importance especially in terms of follicular gastritis. The presence of normal gastric tissue in their study [3] is one of the deficiencies in our study that should not be ignored. However, because of the high gastritis rate observed in the study region, with a frequency of 96.4% [4], it is not possible to encounter gastric tissue within morphological limits. Similarly, high rates of *Helicobacter pylori* [4] also reveal difficulties in finding normal gastric tissue. In many studies in the literature, the determination of gastric tissue within the morphological limits in sleeve gastrectomy materials [5, 6] is thought to be caused by regional differences.

The non-significant relationship between histopathological findings and BMI may be related to the size of the case series

in the study by Saafan et al. [3]. We also aim to repeat our study in a larger series because intestinal metaplasia showing an association with BMI, which constitutes an important factor for adenocarcinoma, may lead to the emergence of different approaches to and hypotheses about tumorigenesis. In addition, we observed that lymphoid follicles and aggregates are more common in sleeve gastrectomy materials than in the endoscopic biopsy materials of patients who undergo gastric endoscopy for different complaints, in our cases presented in our study [2] and the cases we evaluated afterwards. Also, this histopathological finding, which is an important point for MALT lymphoma, is considered to be a finding that should be monitored in a region with a *Helicobacter pylori* rate of 82.7% [4].

In conclusion, although the limited number of cases and the lack of evaluation of normal gastric tissue, which may be a trap in comparison of histopathological findings, constitute important limitations of the study, intestinal metaplasia is still an important histopathological finding that should not be ignored.

Even though there are some expression flaws in the paper entitled “The Relationship Between Histopathologic Findings and Body Mass Index in Sleeve Gastrectomy Materials” [2], the main points to be emphasized are the presence of a significant relationship between BMI and intestinal metaplasia, and the need to reevaluate this association in larger case series. In addition, it is foreseen that the evaluation of the regional situation, which differs from the literature, with multicentric and even multinational studies will increase the knowledge about obesity at the gastric cellular level.

Compliance with Ethical Standards

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

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