The Impact of endoscopic evaluation prior to bariatric surgery
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Abstract

Background: Bariatric surgery (BS) is one of the most effective approaches to weight loss. Performing esophagogastroduodenoscopy (EGD) prior to BS is controversial, but allows the detection and treatment of mucosal lesions that may affect surgical decision and type of surgery.

Aim: To identify the frequency of gastric lesions and Helicobacter Pylori (Hp) infection in a group of asymptomatic patients on the waiting list for BS.

Methods: Retrospective study, including patients undergoing EGD before BS.

Results: 360 patients included with mean age 42.1 ± 10.8 years, 319 (88.6%) females, with mean body mass index (BMI) 42.8 ± 5.44 kg/m².

Regarding endoscopic findings, 25.6% presented no endoscopic lesions, 61.6% presented non-erosive gastropathy, 11.4% erosive gastropathy, 1.1% gastric polyp and 0.3% gastric ulcer.

Histologically, no changes were observed in 20.8% of the patients, 239 (66.4%) presented with superficial gastritis, 11.7% (n = 42) chronic atrophic gastritis and intestinal metaplasia (n= 34 in the antrum, n = 1 in the body and n= 7 in both the antrum and the body) and 1.7% (n = 6) had low grade dysplasia. Hp was positive in 251 (69.7%) of the patients.
We found that patients with metaplasia or dysplasia were more frequently submitted to surgical techniques that did not exclude the stomach (55.8% vs 16.4% p <0.001).

**Conclusion:** EGD with histological analysis plays an important role in pre-surgical evaluation in BS, with a high rate of pathological findings in asymptomatic patients. These findings may have an impact in the long-term management and outcomes of these patients.