The Prevalence Of Reflux Symptoms And Esophageal Lesion In A Single Center Series Of Obese Patients Before Bariatric Surgery

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Increased body mass index and accumulation of visceral fat are associated with a two- to threefold increased risk of developing reflux symptoms and esophageal lesions. Given this association, we aimed to study in our series of 250 morbidly obese patients, all candidates for bariatric surgery, the prevalence of typical reflux symptoms, esophagitis, hiatal hernia and more severe lesions such as Barrett’s esophagus and esophageal adenocarcinoma.

250 obese patients (182 females, age 36.7±11.8 yrs., and BMI 45.6±6.6 Kg/m\textsuperscript{2}) underwent a multidisciplinary assessment before surgical procedure, including a double-contrast barium swallow, an upper-gastrointestinal endoscopy and a standardized questionnaire dealing with the frequency (0-3) and intensity (0-3) of typical gastroesophageal symptoms (heartburn and regurgitation). A score out of a maximum of 6 was obtained for each symptom.

The prevalence of typical GERD symptoms was 39%. Heartburn and regurgitation frequency-intensity scores were 3.1±1.5 and 3.01±1.53, respectively. EGDS did not show any abnormalities in 51.8%. In the remaining patients 27% showed Hiatus hernia, 12.5% erosive esophagitis and 8.9% both. A very low prevalence of severe esophagitis (1.6%) was detected. Neither Barrett’s esophagus or esophageal adenocarcinoma was diagnosed.

In our series of morbidly obese patients from the south of Italy, the low frequency of severe GERD symptoms and lesions contrasts with the data from several US or Asian series. Environmental or ethnic factors could possibly explain these controversial results.