

Prevalence and Clinical Impact of Abnormal Findings in Routine Upper Digestive Endoscopy Before Bariatric Surgery

Emanuel Dias, Margarida Marques, Marco Silva, Guilherme Macedo

Gastroenterology Department, Centro Hospitalar Universitário de São João, Porto, Portugal

Abstract

Background: The role of preoperative upper digestive endoscopy has been discussed with controversy in bariatric surgery. This study aims to evaluate the prevalence of endoscopic findings in obese patients undergoing bariatric surgery and their clinical impact.

Methods: A retrospective observational study of all patients who performed upper endoscopy before bariatric surgery between January 2019 and December 2021 was performed.

Results: A total of 612 patients were identified, mostly females (79.2%), with a mean age of 43.9 years. Abnormal endoscopic findings were identified in 474 (77.5%) patients, including erythematous gastropathy (59.2%), reflux esophagitis (13.6%), erosive gastritis (10.6%), and hiatal hernia (8.0%). Importantly, Barrett's esophagus was also identified in four patients and gastric adenocarcinoma in one. All performed gastric biopsies that revealed *H. pylori* gastritis in 368 (60.1%). Taken together, abnormal endoscopic and histological findings influenced perioperative management of 403 (65.8%) patients, including preoperative medical therapy in 378 (61.8%), endoscopic treatment of mucosal lesions in 47 (7.7%), direct influence in surgical strategy in 27 (7.8%) and contraindication to bariatric surgery in 1 (0.2%).

Conclusion: Preoperative upper endoscopy identifies a wide range of abnormal findings in obese patients, which often influence peri-operative management. Therefore, it must be considered in all patients prior to bariatric surgery.

Key words: upper digestive endoscopy, obesity, bariatric surgery