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## Correlation between pre-operative endoscopic findings with reflux symptom score for gastrooesophageal reflux disease in bariatric patients

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## **Abstract**

**Introduction:** There is a strong association between gastro-oesophageal reflux disease and morbid obesity.

**Methods:** Two hundred and eleven morbidly obese patients operated between September 2007 and June 2017 were retrospectively reviewed. All patients underwent pre-operative upper gastrointestinal endoscopy and assessment by reflux symptomatic score questionnaire.

**Results:** Of the total 211 patients, 156 (73.94%) were females; mean body mass index of the cohort was  $46.23 \pm 3.1 \text{ kg/m}^2$ . There was no evidence of Barrett's oesophagus or malignancy on preoperative endoscopy. 63.04% of the patients (n = 133) in the study cohort had normal endoscopy. Pre-operative evaluation by reflux symptom score (RSS) questionnaire revealed no evidence of gastro-oesophageal reflux disease in 61.13% of patients (n = 129). The total number of patients with symptoms was 82 (38.86%). They were further divided into two categories based on severity of symptoms, namely, mild + moderate 60 (73.17%) and severe + very severe 22 (26.83%). From the cohort of symptomatic patients, the sub-cohort of 60 mild + moderate symptomatic patients had equal number of patients with normal 30 (50%) and abnormal endoscopy 30 (50%). In the sub-cohort of patients with severe + very severe symptoms (n = 22; 26.83%), endoscopy was abnormal in 6 (27.7%) patients. Whereas, out of 129 (61.13%) asymptomatic patients, one-third (n = 42) had abnormal endoscopy. The weighted kappa score was used between pre-operative endoscopic findings and RSS was statistically not significant (k - 0.0986).

**Conclusion:** Pre-operative endoscopy is a must in all bariatric patients as significant percentage of asymptomatic patients can have abnormal endoscopy and vice versa.

**Keywords:** Gastro-oesophageal reflux disease; Los Angeles grading; endoscopy; morbid obesity; reflux symptom score.

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