



Reply to: Incidence of Marginal Ulcers After Gastric Bypass Seems to Be Inversely Related to the Duration of Prophylaxis with Proton Pump Inhibitors

Sandeep Aggarwal¹  · Aditya Baksi¹ · Devanish N. H. Kamtam¹

Received: 9 October 2020 / Accepted: 13 October 2020 / Published online: 22 October 2020
© Springer Science+Business Media, LLC, part of Springer Nature 2020

Dear Editor,

Based on the finding of an increased incidence of asymptomatic marginal ulcers (MU) on surveillance endoscopy at 1 year after one anastomosis gastric bypass (OAGB), we have changed our practice of proton pump inhibitor (PPI) prophylaxis from 6 months to 1 year [1]. However, the impact of this changed policy in reducing the annual MU rate needs further evaluation. The suggestion to increase it further to 5 years is noted with interest. Although a study [2] showed that majority of internists are concerned about adverse effects of PPI, evidence of adverse effects is largely low quality [3]. Nevertheless, prolonged prophylactic therapy must be backed by evidence. The suggestion for such an approach requires high-quality evidence in form of randomized trials especially in view of studies that have reported the maximum risk of marginal ulcer formation to be within few months (< 12 months) after surgery [4, 5]. Sanyal et al. observed that the highest risk of marginal ulcer formation was within the first 2 months after Roux-en-Y gastric bypass (RYGB) [4]. More recently, Csendes et al. found a 6% incidence of marginal ulcer at 1 month and 0.6% at 17 months after RYGB [5]. Similarly, the median time to symptomatic ulcer detection in another study was 4.8 months (range 0.5–26 months), and the authors

recommended low-dose PPI prophylaxis for 1 month after RYGB in patients found to have *Helicobacter pylori* in preoperative endoscopy [6]. Thus, more robust evidence for 5-year prophylaxis needs to be generated for patients undergoing OAGB/RYGB. The suggestion will surely encourage us to follow our patients more intensively with endoscopy in further prospective studies.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Statement on Human and Animal Rights This article does not contain any studies with human participants or animals performed by any of the authors.

Ethical Approval Not applicable

Informed Consent Not applicable

References

1. Baksi A, Kamtam DNH, Aggarwal S, et al. Should surveillance endoscopy be routine after one anastomosis gastric bypass to detect marginal ulcers: initial outcomes in a tertiary referral centre. [published online ahead of print, 2020 July 27]. *Obes Surg*. 2020; <https://doi.org/10.1007/s11695-020-04864-y>.
2. Kurlander JE, Rubenstein JH, Richardson CR, et al. Physicians' perceptions of proton pump inhibitor risks and recommendations to discontinue: a national survey. *Am J Gastroenterol*. 2020;115(5): 689–96.
3. Freedberg DE, Kim LS, Yang Y-X. The risks and benefits of long-term use of proton pump inhibitors: expert review and best practice advice from the American Gastroenterological Association. *Gastroenterology*. 2017;152(4):706–15.
4. Sanyal AJ, Sugerman HJ, Kellum JM, et al. Stomal complications of gastric bypass: incidence and outcome of therapy. *Am J Gastroenterol*. 1992;87(9):1165–9.

✉ Sandeep Aggarwal
sandeep_aaims@yahoo.co.in

Aditya Baksi
aditya.baksi@gmail.com

Devanish N. H. Kamtam
devanish31@gmail.com

¹ Department of Surgical Disciplines, All India Institute of Medical Sciences, New Delhi 110029, India