



How to evaluate gastroesophageal sphincter incompetence

To the Editor,

We read with great interest a paper in a recent issue written by Baysal et al. (1) implicating the importance of upper gastrointestinal endoscopy in morbidly obese patients who were hospitalized for bariatric surgery. This study provides us with important data regarding the gastrointestinal problems of obese patients, and authors advise routine upper gastrointestinal endoscopy to all morbidly obese patients. As reported in this study, gastroesophageal sphincter incompetence (GSI) is one of the structural pathology in this patient group, and high GSI rates (46.5%) were reported in this study.

Gastroesophageal flap valve (GEFV) grading is sometimes difficult for an endoscopist because interobserver difference and factors related with patient and procedure (such as with or without anesthesia and patient compliance) render the usefulness of this grading questionable in clinical practice. This study shows a weak positive correlation between body mass index and Hill's grading. However, in this article, GEFV function has been classified as normal and abnormal (Hill's grade I-II-III and IV); therefore, Hill's grade 1 GEFV was defined as abnormal. The authors could not define normal GEFV as a term and did not point out as to how to differentiate the normal GEFV from the Hill's grade 1 GEFV. In fact, the original article by Hill et al. (2) defines GEFV in four grades, and grade I indicates the presence of a prominent fold along the lesser curvature and depicts normal anatomy. In addition, Hill's grades I and II have been regarded as clinically normal GEFV by some authors (3). We think that the terms normal and abnormal GEFV should be established as Hill grade 1 vs. Hill's grade II-III-IV or Hill's grade I-II vs. Hill's grade III-IV. If analysis had been performed based on this classification, high rates of

GSI could not be observed in this patient population. Another interesting issue in this article is that 14 patients had hiatal hernia, but only three patients had grade 4 GEFV function. As we know, there is no prominent valve in hiatal hernia, and these patients should have at least Hill's grade III or IV GEFV. In conclusion, morbid obesity is a global health problem, and these patients frequently experience gastrointestinal problems. Structural problems in this patient group need to be extensively studied.

Author contributions: Concept - O.K., C.K.; Design - O.K., C.K.; Supervision - O.K., C.K.; Resource - O.K., C.K. Materials - O.K., C.K.; Data Collection &/or Processing - O.K., C.K.; Analysis &/or Interpretation - O.K., C.K.; Literature Search - O.K., C.K.; Writing - O.K., C.K.; Critical Reviews - O.K.

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

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Received: June 18, 2015

Accepted: June 19, 2015

Available Online Date: July 24, 2015

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