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The importance of long-term postoperative follow-up, including low threshold for endoscopic examination of the remnant stomach after Roux-en-Y gastric bypass

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Dear Sir,

We have read with great interest the case report written by Patrascu *et al*. (J Minim Access Surg. 2018 Jan-Mar; 14(1):68-70) titled ‘A delayed acute complication of bariatric surgery: Gastric remnant haemorrhagic ulcer after Roux-en-Y gastric bypass’.

In the discussion, Patrascu *et al*. stated that ‘the use of enteroscopy is quite cumbersome for diagnostic and therapeutic interventions’. We agree that an acute haemorrhage with tendency for hypovolemic shock always warrants acute intervention, like in this case urgent laparotomy with control of the bleeding. However, maybe the point of discussion should be why the patient did not undergo endoscopic examination of the remnant stomach before, since there was a history of intermittent upper gastrointestinal bleeding.[1]

Pathology of the excluded stomach after Roux-en-Y gastric bypass (RYGB) is underestimated and especially malignancies pose a great treat since access to the remnant stomach is not always easily achieved. Furthermore, symptomatology of this remnant stomach pathology might not always be obvious. We would like to raise awareness about this specific issue as precious time might be lost in waiting for more ‘obvious symptomatology’ like in this case, hypovolemic shock.

Our point is to highlight this specific diagnostic limitation after RYGB and show the importance of long-term postoperative follow-up, including low threshold for endoscopic examination of the remnant stomach especially in the case of obvious symptomatology, like intermittent intraluminal bleeding.

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Conflicts of interest

There are no conflicts of interest.

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