

reported in several other studies.^{3,4} Such dual-focus mode endoscopes are routinely used in the United States, and the high-magnifying endoscopes referred to by Deng et al¹ are not commercially available here.

We examined the presence of not only increased intrapapillary capillary loops in patients with NERD and control individuals but also features such as the ridge-villous pattern, increased vascularity, and columnar islands at or above the squamocolumnar junction. These features can be recognized without any magnification. Given that the dual-focus modes (with or without near focus) are commonly used in the United States, our study findings are generalizable and can be adopted by all practicing endoscopists in patients suspected to have GERD.

DISCLOSURE

Dr Sharma is a consultant for Medtronic, Olympus, Boston Scientific, Fujifilm, Salix Pharmaceuticals, and Lumendi, and the recipient of grant support from Ironwood, Erbe, Docbot, Cosmo Pharmaceuticals, and CDX laboratories. The other author disclosed no financial relationships.

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<https://doi.org/10.1016/j.gie.2022.08.011>

A potential impact of *Helicobacter pylori*-related metabolic syndrome on early and long-term outcomes of bariatric surgery



To the Editor:

Alqahtani et al¹ concluded that Saudi Arabian patients with metabolic syndrome-related parameters who undergo

bariatric surgery show comparable features regarding the early and 3-year outcomes after endoscopic gastroplasty (EG) and laparoscopic sleeve gastrectomy (LSG).

Helicobacter pylori (*H pylori*)-related metabolic syndrome appears to be a predictor of post-LSG and/or post-EG early and long-term outcomes, especially in populations with a high prevalence of *H pylori* infection, including Saudi Arabians.^{2,3}

Specifically, *H pylori* infection is very common, with a mean worldwide prevalence of 58%, partly owing to immigrants coming from regions with a high prevalence of *H pylori* infection.² Approximately 4.4 billion individuals are infected with *H pylori*,² and *H pylori* infection-related metabolic syndrome is hyperendemic in Saudi Arabia, with a prevalence >80%.³ In particular, studies from Saudi Arabia have reported an *H pylori* infection prevalence rate of 88% among morbidly obese patients who underwent esophagogastroduodenoscopy (EGD) before bariatric surgery.

Moreover, the occurrence of *H pylori*-related metabolic syndrome may exert an impact on bariatric surgery outcomes, such as on body weight loss and homeostasis of glucose.⁴ *H pylori* infection is considerably linked with postoperative adverse events after LSG,⁵ and preoperative EGD in Saudi obese patients is mandatory to recognize concerns such as *H pylori* infection that could modify, delay, or postpone the bariatric procedures, including LSG/EG.⁶ Likewise, our studies⁷ indicate higher rates of premalignant pathologic changes in the gastric mucosa (eg, atrophic gastritis and intestinal metaplasia) and also of metabolic syndrome-related parameters, including insulin resistance and arterial hypertension, in patients with active *H pylori* infection undergoing LSG. Furthermore, bariatric patients with metabolic syndrome-related *H pylori* infection might be vulnerable to gastroesophageal reflux disease (GERD) development⁸ and *H pylori* with metabolic syndrome-related GERD or Barrett's esophagus/esophageal adenocarcinoma sequence in certain subpopulations.⁹ Therefore, preoperative *H pylori* eradication may decrease the early and long-term outcomes of LSG and/or EG. *H pylori* eradication may improve metabolic syndrome-related insulin resistance and arterial hypertension in the early and long term after LSG/EG,^{2,10} whereas persistent *H pylori* infection after LSG or EG might deteriorate such aforementioned metabolic syndrome-related components. Thus, further large-scale prospective controlled studies are warranted.

DISCLOSURE

All authors disclosed no financial relationships.

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<https://doi.org/10.1016/j.gie.2022.07.003>