



Letter to the Editor—Radiographic Measurement of Gastric Remnant Volume After Laparoscopic Sleeve Gastrectomy: Assessment of Reproducibility and Correlation with Weight Loss

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Dear Editor,

We have read the article “Radiographic Measurement of Gastric Remnant Volume After Laparoscopic Sleeve Gastrectomy: Assessment of Reproducibility and Correlation with Weight Loss” by Deręowska-Cylke, Małgorzata et al. [1] with great interest.

The authors showed an association between gastric volume as measured by imaging performed on the 1st and 2nd days postoperatively and the long-term success of the laparoscopic sleeve gastrectomy (LSG). Looking at the details of the article, the patients without successful weight loss at 12 months after surgery showed statistically higher postoperative gastric remnant volumes. A statistically insignificant positive correlation was in excess weight loss (%EWL) and total weight loss (%TWL) for 1st and 3rd and %TWL for the 24th month. %TWL on the 1st month of follow-up showed statistically significant positive results. The authors say: this could be due to the edema present in the newly created GS that disturbs the calculations for the 1st and 3rd-month results.

We published a unique article about gastric specimen measurements [2]. Our study showed the evaluation of gastric specimen expansibility, and there is a positive correlation between the expansibility of the resected specimen

and the 12th-month %EWL. Our calculation method of the resected gastric measurements expansion rate: The rate of difference between pre and post-insufflation measurement value to the pre-insufflation measurement value of each gastric dimension. Example: Length of Resection Line Expansion rate (LRL-e) $LRL-e = (\pi LRL - \pi oi LRL) / (\pi LRL)$ (π : pre-insufflation, πoi : post-insufflation).

We think these measurements made for the resected specimen can also be projected on the gastric sleeve. Therefore, we believe that one factor affecting the parameters in the authors' study is gastric expansibility.

The authors noted that weight loss after LSG is a multifactorial phenomenon, and it is difficult to predict using a single variable. Perhaps this would be a more powerful parameter for estimating EWL if gastric remnant volume is combined with gastric expansibility (if postoperative measurements of the expansion capacity of the stomach are made).

We need further research to predict gastric sleeve surgery results.

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Code Availability Not applicable.

Declarations

Ethics Approval and Consent to Participate This article does not contain any studies with human participants or animals performed by any of the authors. For this type of study, formal consent is not required.

Conflict of Interest The authors declare no competing interests.

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