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Incidence of Gastric Tumors in 1,268 Bariatric Surgery Interventions.

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OBJETIVES

1. Review the incidence of gastric tumors diagnosed in 1,268 bariatric interventions.
2. Analyze the preoperative endoscopic and histological characteristics, and the anatomopathological findings of the surgical specimens resected in our center.

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METHODS

1,183 patients

1,268 bariatric interventions

November 2012 – December 2022

RETROSPECTIVE REVIEW

- 299 sleeve gastrectomies (SG)
- 920 Roux-en-Y gastric bypass (RYGB)
- 12 SADI-S
- 1 gastric band removal
- 25 revisional surgeries
- 15 gastric remnant resections

Preoperative EGD with gastric biopsy

Preoperative histological findings

1,234 bariatric procedures (97.3%)

320 surgical specimens

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METHODS

- ✓ A complete inspection of the gastric surface is conducted before performing a SG.
- ✓ In those cases where a RYGB is performed, the anterior gastric surface and part of the posterior surface are inspected through the access made in the lesser curvature.
- ✓ When a diagnosis of *Helicobacter pylori* infection is made, surgery is indicated after confirming the efficacy of the eradication treatment prescribed by the specialist.
- ✓ Postoperative follow-up was performed at 3, 6, 12 and 18 months, and then annually if weight loss was adequate.

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RESULTS

N = 320

- 299 sleeve gastrectomies (SG)
- 15 gastric remnant resections
- 2 gastrectomies
- 4 gastric resections

AGE	45 ± 10.2 (21-72)
SEX	71.6% female
BMI	43.35 ± 5.95 (28.0 - 74.6)

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RESULTS

HISTOLOGICAL FINDINGS (n = 320)	N (%)
Inflammation	**245 (76,5%)**
Mild	136 (42,5%)
Moderate	88 (27,5%)
Severe	21 (6,5%)
Activity	**113 (35,3%)**
Mild	56 (17,5%)
Moderate	39 (12,1%)
Severe	18 (5,6%)
Atrophy	**6 (1,87%)**
Mild	4 (1,25%)
Moderate	0 (0%)
Severe	2 (0,6%)
Metaplasia	**17 (5,31%)**
Mild	14 (4,3%)
Moderate	2 (0,6%)
Severe	1 (0,31%)
Gastric polyps	**6 (1,87%)**
Hiperplastic	3 (0,93%)
Fundic glands	2 (0,62%)
Inflammatory	1 (0,31%)
Helicobacter pylori	**38 (11,87%)**

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RESULTS

8 (0.67%)

gastric tumours

- 6 GIST
- 1 carcinoid tumour
- 1 ectopic pancreas

Intraoperatively: 5 (0.4%) gastric lesions were identified in four patients, all of them being GIST.

Postoperatively: 3 lesions were observed:

- A carcinoid tumor in the specimen of a SG
- An ectopic pancreas in the gastric pouch resected for biliary reflux
- A GIST in the remnant resected during a RYGP due to the endoscopic finding of ulceration in the preoperative EGD.

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RESULTS

GIST

- ✓ Mean age of 58.4 ± 4 years (no significant difference with respect to the rest of the cohort, $p = 0.2$).
- ✓ Mean size was 12.5 ± 3 mm (4-40 mm).

Sex	Age	Type	Grade	Size	Focality	Ki67	Location	TNM
H	65	Fusocellular	G1 low grade	6 mm	Unifocal	3%	Fundus	pT1Nx
M	53	Fusocellular	G1 low grade	5 mm	Unifocal	<2%	Body-anthro	pT1Nx
M	63	Fusocellular	G1 low grade	40 mm	Unifocal	5%	Body-anthro	pT2
M	60	Mixed	G1 low grade	4 mm	Multifocal	<5%	Body-anthro	pT1Nx
M	60	Mixed	G1 low grade	15 mm	Multifocal	<5%	Fundus	pT1Nx
M	65	Fusocellular	G1 low grade	7 mm	Unifocal	<2%	Fundus	pT1Nx

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CONCLUSIONS

- The incidence of gastric tumors in bariatric patients is very low. In our study, routine EGD did not diagnose any malignant esophagogastroduodenal tumor preoperatively, and it only identified benign lesions in 5.8% of candidates for bariatric surgery. However, we consider that it is useful in the definitive choice of the bariatric surgical technique to be performed.

- Most gastric tumors have been diagnosed intraoperatively, so it is essential to perform an adequate exploration of the gastric surface at the beginning of surgery.

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CONCLUSIONS

- The treatment of intraoperative gastric incidentalomas is local excision with safe margins, even if the lesion is outside the initial area of intervention. In this way, the histological diagnosis can be confirmed and possible symptoms, complications and tumor progression of malignant or premalignant lesions can be avoided.

- Since most gastric lesions are benign or of low malignant potential, the evolution is usually favorable. Although in our series we have not diagnosed any adenocarcinoma postoperatively, it is advisable to perform a prolonged follow-up in bariatric patients, especially after SG and in the event of the appearance of anemia, melena or symptoms such as dysphagia or unexpected abdominal pain.