

UCLA

UCLA Previously Published Works

Title

Lower Esophageal Sphincter and Pylorus Distensibility Before and After Endoscopic Sleeve Gastroplasty

Permalink

<https://escholarship.org/uc/item/39n2t0vv>

Journal

Digestive Diseases and Sciences, 68(7)

ISSN

0163-2116

Authors

Bahdi, Firas
Shah, Sagar
Kozan, Philip
[et al.](#)

Publication Date

2023-07-01

DOI

10.1007/s10620-023-07932-2

Peer reviewed



Lower Esophageal Sphincter and Pylorus Distensibility Before and After Endoscopic Sleeve Gastroplasty

Firas Bahdi¹ · Sagar Shah² · Philip Kozan¹ · Danny Issa¹

Accepted: 3 March 2023

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2023

A 37-year-old male with morbid obesity (BMI 36.7 kg/m²) was referred for endoscopic sleeve gastroplasty (ESG) after a failed trial of conventional therapy. Prior rare episodes of solid food dysphagia triggered an evaluation with an endoscopic functional luminal imaging probe (EndoFLIP) at the time of ESG. Since EGD and EndoFLIP were normal [Figs. 1, 2, Table 1], ESG was successfully performed, after which repeat EndoFLIP revealed a mild decrease in the distensibility of lower esophageal sphincter (LES) with a more marked decrease in the distensibility of pyloric sphincter [Table 1]. At 6 months follow-up, the patient has achieved

25% total body weight loss and continued to do well with no GERD symptoms post ESG.

This case highlights for the first time the decreased distensibility of the LES and pylorus following ESG, that should protect against GERD, confirming recent reports that ESG rarely causes GERD symptoms compared with laparoscopic sleeve gastrectomy. [1, 2] The decreased pyloric distensibility could be related to the delayed gastric emptying induced by ESG. [3] Since the effect of ESG on upper gastrointestinal motility remains unclear, further studies are needed.

✉ Danny Issa
DIssa@mednet.ucla.edu

¹ Vatche and Tamar Manoukian Division of Digestive Diseases, University of California Los Angeles, 200 Medical Plaza Driveway, Los Angeles, CA 90024, USA

² Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, CA, USA

Fig. 1 Endoscopic functional luminal imaging of the lower esophageal sphincter before (panel A) and after (panel B) endoscopic sleeve gastroplasty

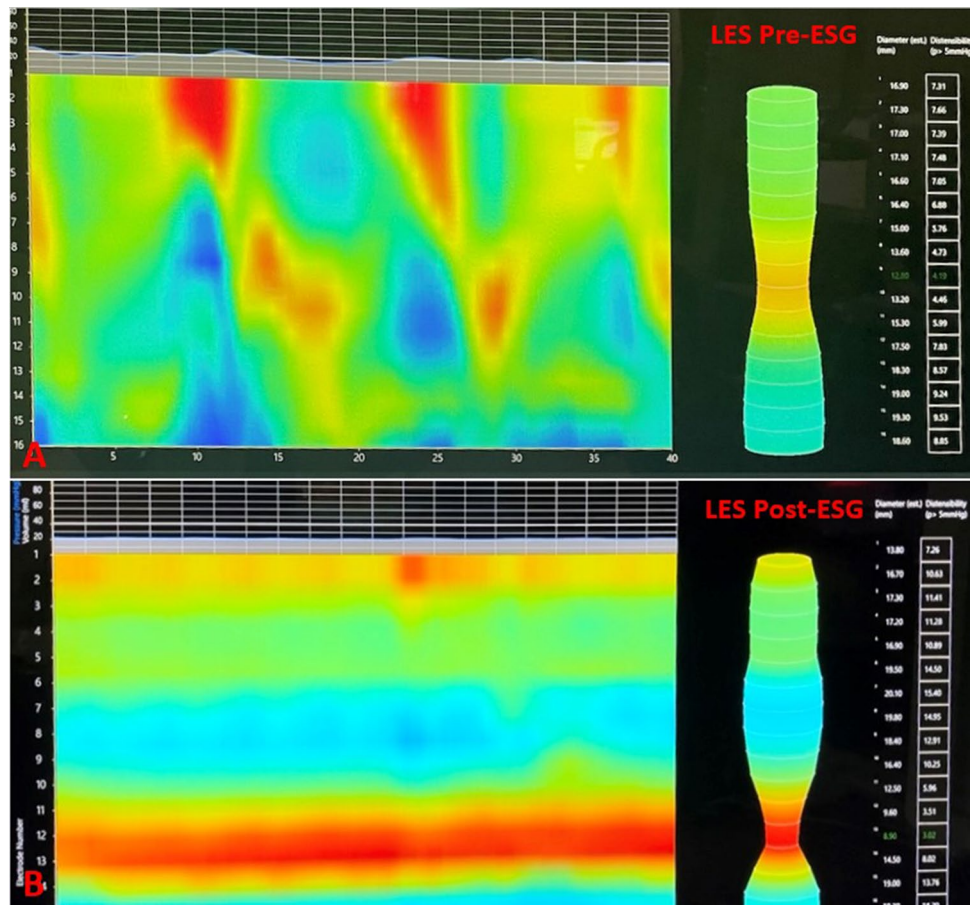
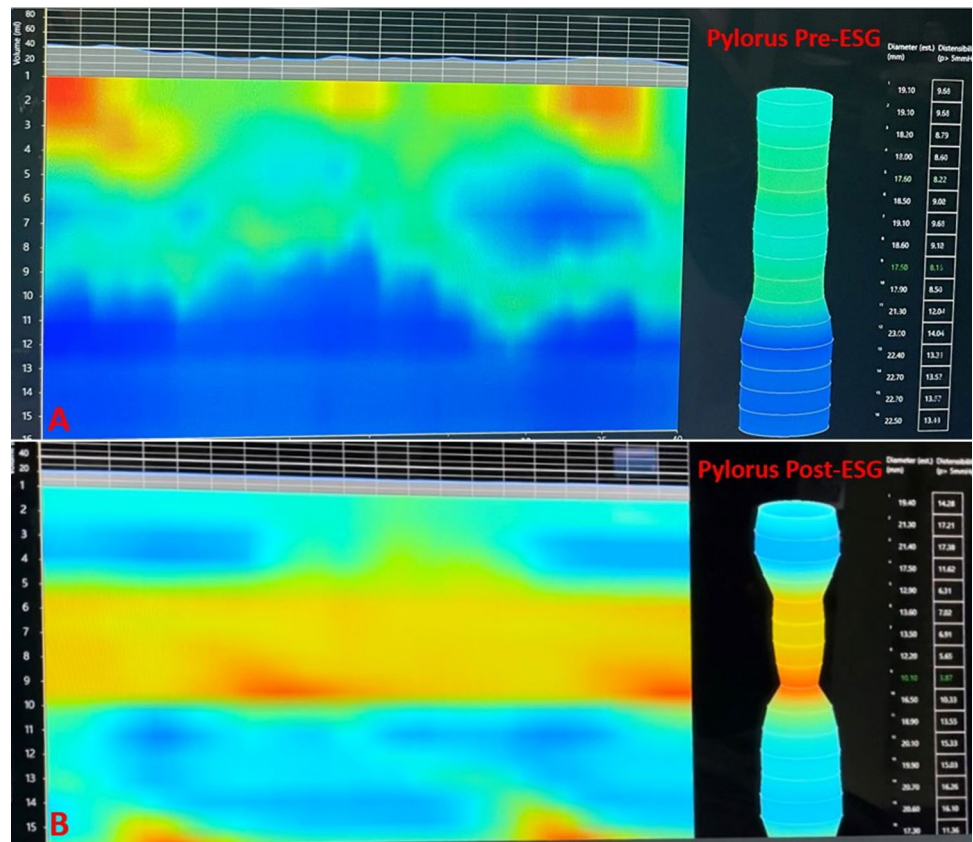


Table 1 Endoscopic functional luminal imaging results before and after endoscopic sleeve gastroplasty

| | Before ESG | | | | After ESG | | | |
|--|------------|------|------|------|-----------|-----|------|------|
| | 40 | 50 | 60 | 70 | 40 | 50 | 60 | 70 |
| Lower Esophageal Sphincter | | | | | | | | |
| Balloon diameter (mm) | 9 | 11.5 | 13.4 | 15.5 | 8.3 | 9.8 | 13.3 | 14.4 |
| Distensibility index (mm ² /mmHg) | 3.0 | 4.1 | 4.2 | 4.2 | 2.5 | 2.7 | 3.8 | 3.0 |
| Pylorus | | | | | | | | |
| Balloon diameter (mm) | 13.5 | 18.2 | 18.5 | 18.5 | 10 | 9.5 | 13.1 | 14.7 |
| Distensibility index (mm ² /mmHg) | 5.2 | 12.6 | 10.7 | 7.2 | 2 | 3.7 | 4.5 | 3.6 |

Fig. 2 Endoscopic functional luminal imaging of the pylorus before (panel A) and after (panel B) endoscopic sleeve gastroplasty



Author's contribution FB: chart review and wrote the manuscript. SS & PK: contributed to manuscript writing and creation the figures. DI: conceived the project, helped create the figures, and critically revised the manuscript. All authors have approved the final draft.

Funding None.

Declarations

Conflict of interest None.

References

1. Fogel R, De Fogel J, Bonilla Y, De La Fuente R. Clinical experience of transoral suturing for an endoluminal vertical

gastroplasty: 1-year follow-up in 64 patients. *Gastrointest Endosc* 2008;68:51–58.

2. Fayad L, Adam A, Schweitzer M, Cheskin LJ, Ajayi T, Dunlap M et al. Endoscopic sleeve gastroplasty versus laparoscopic sleeve gastrectomy: a case-matched study. *Gastrointest Endosc* 2019;89:782–788.

3. Abu Dayyeh BK, Acosta A, Camilleri M, Mundi MS, Rajan E, Topazian MD, Gostout CJ. Endoscopic sleeve gastroplasty alters gastric physiology and induces loss of body weight in obese individuals. *Clin Gastroenterol Hepatol* 2017;15:37–43.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.