and endoscopic follow-up, in accordance with international guidelines.[9,10]

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Jorge de Tomás

Unidad de Cirugía Esofagogástrica y Bariátrica, Hospital General Universitario Gregorio Marañón, Madrid, Spain

E-mail address: jdetomaspal@hotmail.com

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Response to the manuscript "Conversion to gastric bypass in patients with Barrett's esophagus after sleeve gastrectomy"☆

Réplica al manuscrito «Reconversión a *bypass* gástrico en pacientes con esófago de Barret tras una gastrectomía vertical»

We have read Dr De Tomás'[1] letter with great interest, and we fully agree with his comments. To answer the questions posed, the patient had a BMI of 27.9 with very significant GERD symptoms that were continuous and did not respond to PPI treatment. Using the visual analog scale, the symptoms were assessed as 10 out of 10. Under these conditions, we opted to perform laparoscopic gastric bypass with a 100-cm alimentary limb and a 50-cm biliopancreatic limb. Six months later, the patient was asymptomatic, with a BMI of 24.8.

Regarding the second question: what to do with an asymptomatic young woman with a BMI < 30 kg/m^2 after SG, diagnosed years later with short-segment BE without dysplasia?

We agree that the decision in this second case is more complex and controversial. Our team would be more in favor of conversion to bypass, as PPI do not control alkaline reflux. With no current solid scientific evidence on the best treatment, we accept that this case lends itself to discussion and personalized treatment.

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Victoria Lucas Guerrero*, Alexis Luna, Pere Rebasa, Sandra Montmany, Salvador Navarro

Departamento de Cirugía General y del Aparato Digestivo, Hospital Universitario Parc Taulí, Sabadell, Barcelona, Spain

*Corresponding author.
E-mail address: vlucas@tauli.cat (V. Lucas Guerrero).

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