

LETTER TO THE EDITOR

In Reference to *Bariatric Surgery Lowers Incidence of Chronic Rhinosinusitis and Functional Endoscopic Sinus Surgery*

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Dear Editor,

We read the article entitled “Bariatric Surgery Lowers Incidence of Chronic Rhinosinusitis and Functional Endoscopic Sinus Surgery” [1]. The authors present the data of a retrospective cohort study demonstrating a short- to long-term reduced relative risk for developing chronic rhinosinusitis (CRS) and fewer functional endoscopic sinus surgeries (FESS) among patients with obesity who underwent bariatric surgery. Despite the use of a large database, the authors did not identify the etiological findings potentially linking the bariatric procedures to the development of CRS. In this letter, we wish to highlight potential methodological and mechanistic considerations supporting the results of the study.

Roux-en-Y gastric bypass is currently considered, among bariatric procedures, the gold standard [2, 3]. This procedure consists of creating a small gastric pouch anastomosed to the jejunum, bypassing the rest of the stomach, the duodenum, and the proximal jejunum [3]. This anatomical modification substantially limits the exposure of the esophagus to gastroduodenal content reflux (e.g., pepsin, elastase, trypsin, bile salts) thanks to the gastric volume reduction, while the motility of the anastomosed proximal jejunum limits the backflow of gastroduodenal content into the small gastric pouch, esophagus, and upper aerodigestive tract [4].

The role of laryngopharyngeal reflux disease (LPRD) is increasingly suspected in the development of CRS, with numerous studies reporting pepsin in nasal secretions of CRS patients [5, 6], particularly patients with recalcitrant CRS with or without nasal polyps [6], which can be confirmed through the 24-h nasopharyngeal pH monitoring (Dx-pH system) [7]. In that way, the reduction of CRS incidence observed post-surgery may be related to a significant reduction of LPRD, rather than weight loss alone. It would be valuable for future studies to include GERD diagnosis or reflux symptomatology as a subgroup analysis.

Lastly, the potential demonstration of the relationship between Roux-en-Y gastric bypass, LPRD reduction, and CRS may open new therapeutic insights for patients with recalcitrant and severe LPRD demonstrated at the 24-h hypopharyngeal-esophageal multichannel intraluminal impedance-pH testing [8].

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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