Should Gastric Specimen from Bariatric Laparoscopic Sleeve Gastrectomy Specimen be Submmitted for Histopathology report ?

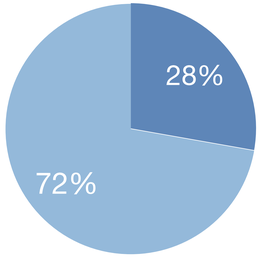
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Introduction:

In recent years, Sleeve Gastrectomy as well as other Gastric volume reduction procedure has been utilized more frequently for the purpose of weight-loss as well as managing or completely reversing morbidities associated with morbid obesity such as OSA, DM, and Metabolic Syndrome. With Laparoscopic Sleeve gastrectomy (LSG) being the most selected method due to its relatively low risk for peri-operative complications as well as better tolerance of post-operative Life-style modification for patients. It is also the only procedure to produce surgically resected specimen in laparoscopic gastric volume reduction procedures, this includes parts of the Gastric Fundus, Body, and Antrum along the greater Curvature. Frequently these specimens are submitted for histopathology report, either as a routine, often without specific indications. The Author sort to explore the necessity for routine submission of the partial gastric specimen to pathologists.

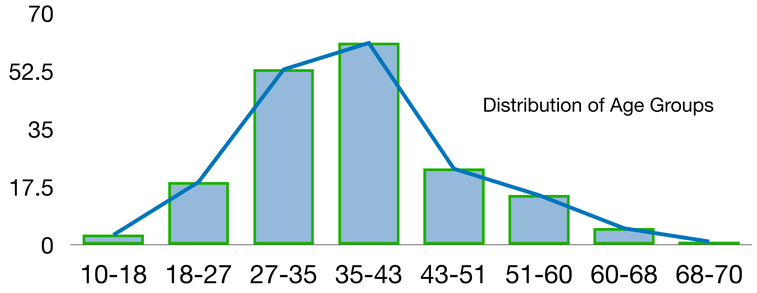


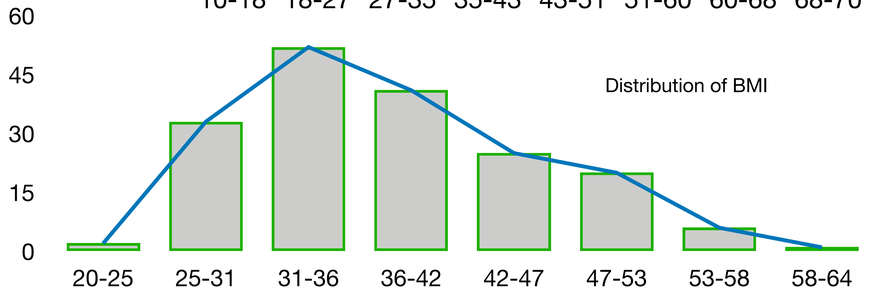


Demographic:

Total: 180

M: 50 F: 130





Pathology Report	Number of Patients	% of Patients
Mild Gastritis	46	25.55
Moderate Gastritis	19	10.55
Vascular Congestion	92	51.11
Lymphoid Hyperplasia	54	30
GIST	1	0.5
H. Pylori	20	11

METHODS AND PROCEDURES:

Study Type: Single center, Single Surgeon, Cross-sectional study.
Data Collection: Electronic Healthcare system from Bhumibol Adulyadej Hospital, Royal Thai Air Force Medical Services, Bangkok, Thailand.
Selection method: Patients having undergone LSG with or without simultaneous Laparoscopic Cholecystectomy (LC) with Bariatric Intent from August 2012 to April 2023.
Information included: subjects' age, sex, BMI, and Pathological report including the presence of H. Pylori.

RESULTS:

Number of Patients: 180 patients
Sexes: 50 Male, 130 Female
Mean age: 37.54 ± 10.49 years and a body mass index
Mean BMI: 38.01 ± 7.77 kg/m2
Procedures: 163 (90.06%) LSG v. 18 (9.94%) LSG with LC
Pathological findings: 46 (25.55%) mild Chronic Gastritis, 19 (10.55%) Moderate Chronic Gastritis, 92 (51.11%) Vascular congestion, 54 (30%) Lymphoid Hyperplasia, 1 (0.5%) GIST, 20 (11%) Presence of H.Pylori.

CONCLUSIONS:

Forgoing pathological analysis of the partial gastric specimen should not be discouraged. Since the histopathological findings of these specimens are equivocal to the further treatment of the patient even in GIST, where a free (wide) margin complete resection is consider curative for non-metastatic tumor, however its finding warrants CT surveillance. The presence of H.Pylori also indicates the initiation of eradicating therapy.