

LAPAROSCOPIC ANTI-REFLUX SURGERY IN PATIENTS WITH SYSTEMIC SCLEROSIS – REPORT OF 2 CLINICAL CASES AND LITERATURE REVIEW

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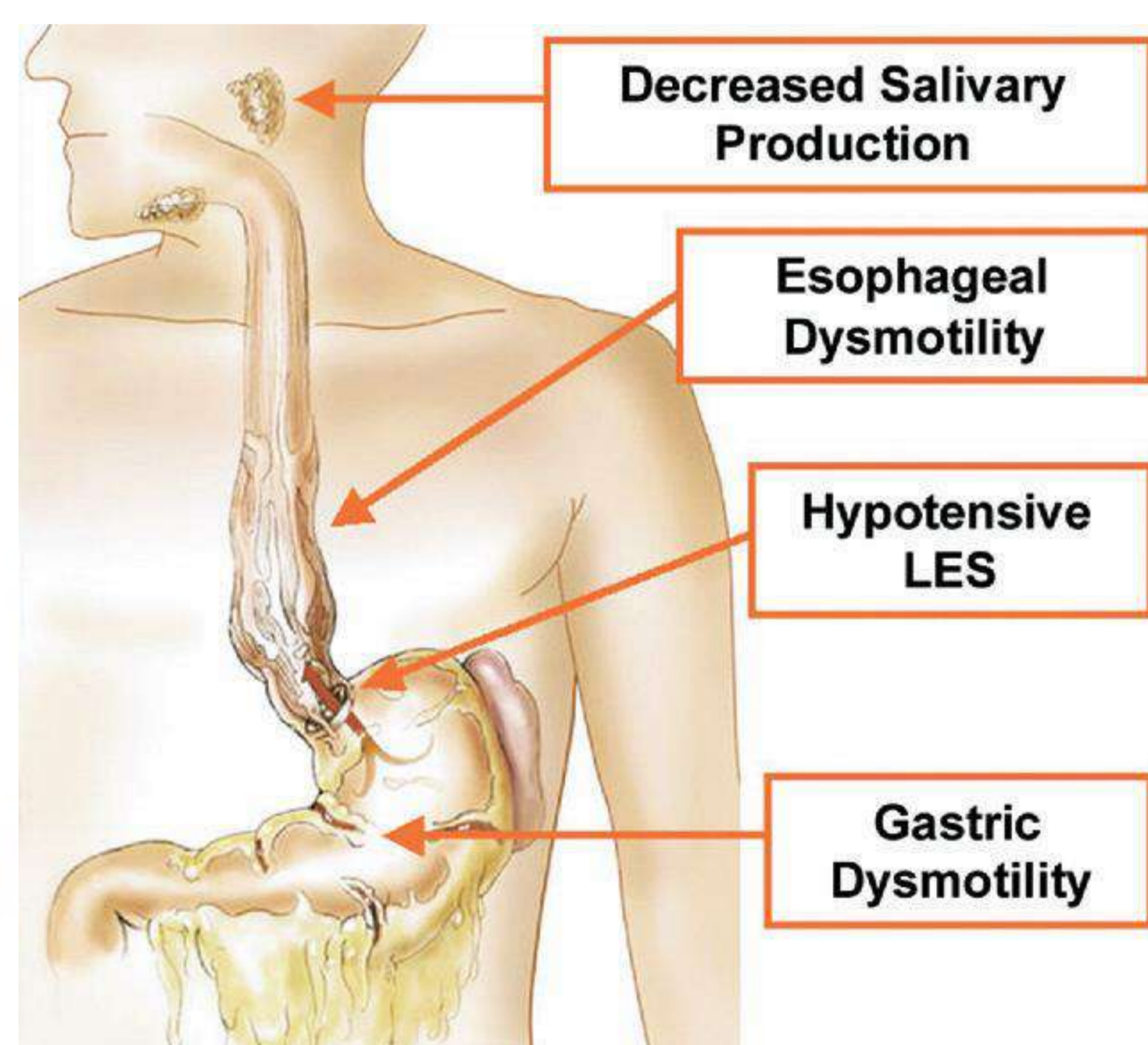
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Introduction. Systemic sclerosis is a rare autoimmune disease, frequently associated with **severe esophageal dysmotility** and the occurrence of gastroesophageal reflux disease (GERD). The indication of laparoscopic fundoplication in these patients is a challenge, considering the high risk of postoperative dysphagia.

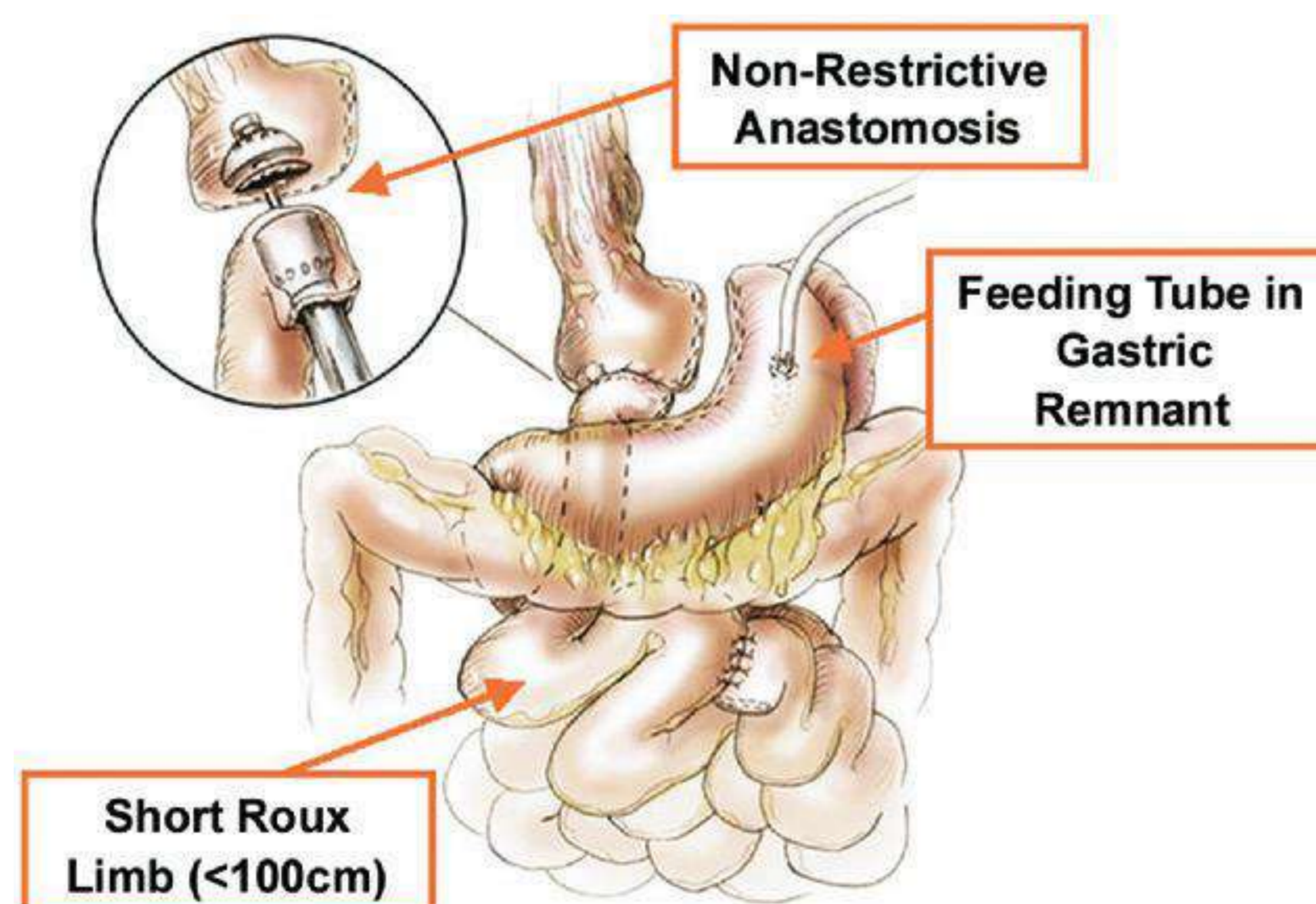
Keywords: systemic sclerosis, laparoscopic anti-reflux surgery

Purpose. The aim was to perform the review of literature and to present 2 clinical cases of refractory GERD in case of systemic sclerosis from our own experience, including features and early outcomes of laparoscopic fundoplication.

**Surgery – Last resort!!!
Fundoplication ? RYGBP ?**

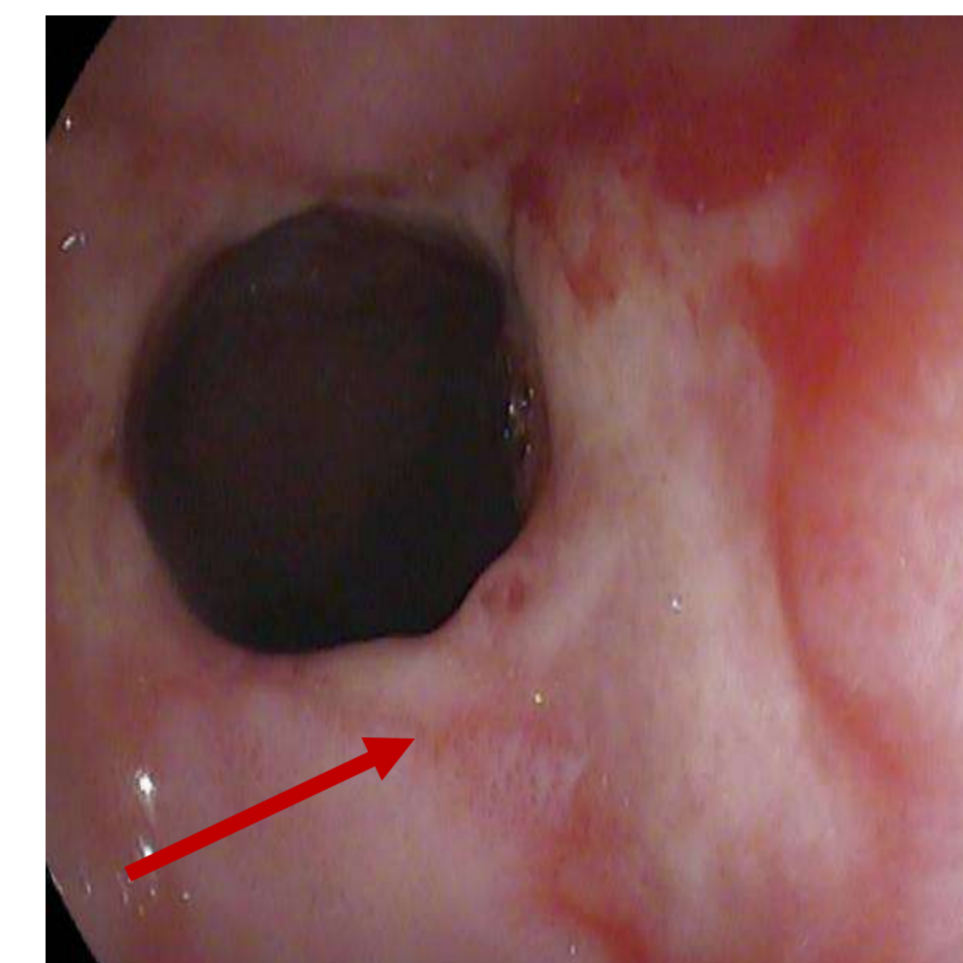


Several mechanisms lead to the severe pattern of reflux seen in scleroderma patients. (LES = lower esophageal spincter.)

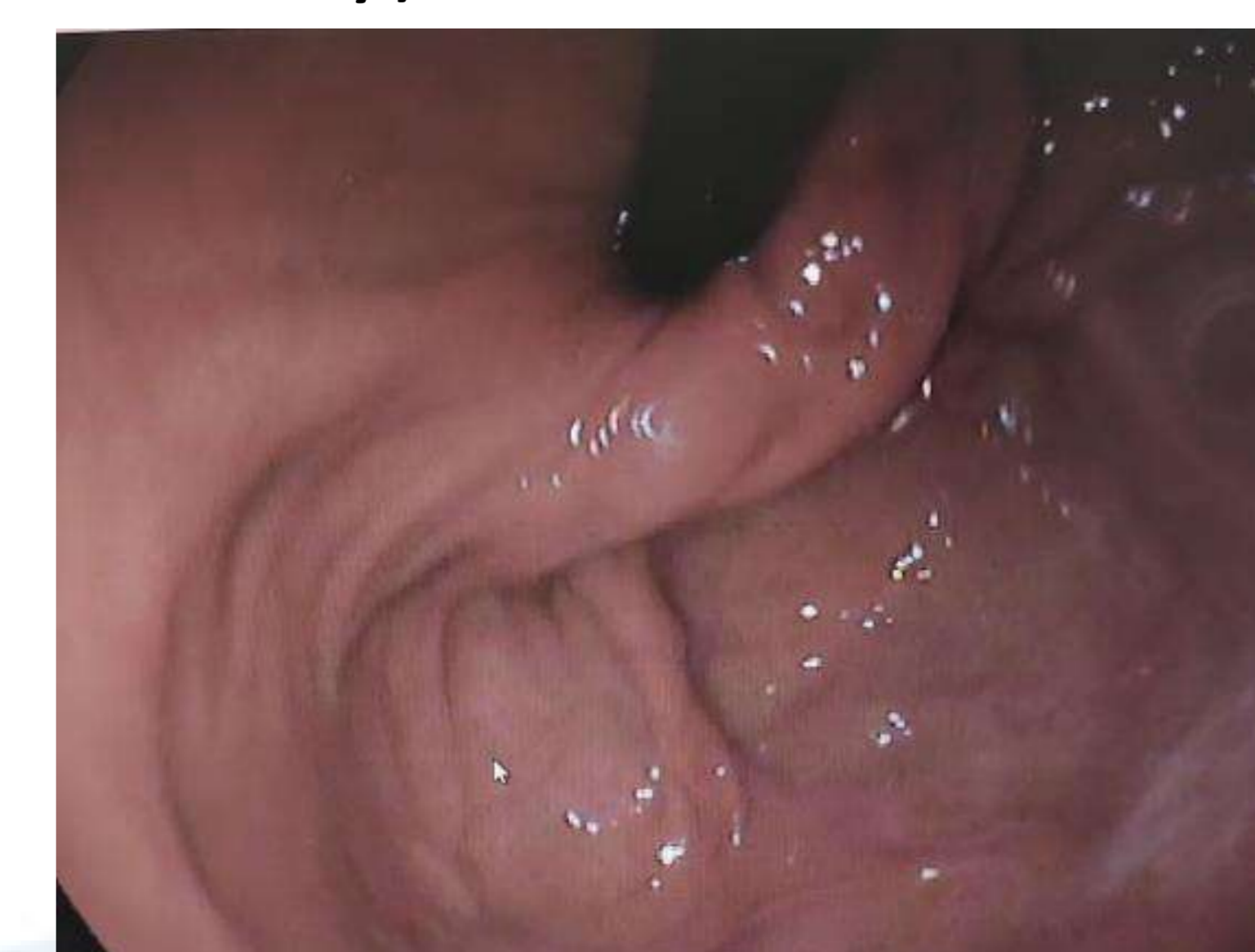


For scleroderma patients, 3 modifications were made to the standard Roux-en-Y reconstruction that we use for patients with morbid obesity.

Material and methods. We present the clinical cases of 2 women, 60 and 61 years old, with systemic sclerosis (> 30 years) and refractory GERD, operated during 2019, in the Department of General Surgery no.3. Patients were examined pre- and postoperatively clinically, endoscopically, radiologically and ph-metrically. Quality of life of patients - GERD-HRQL questionnaire (Velanovich).



Results. In both cases - the typical GERD symptoms. Preoperative instrumental data: endoscopic - cardia insufficiency gr.II and III (Hill) with esophagitis gr.II-III (Savary-Miller); barium esophagogram - aperistaltic esophagus with high reflux, without hernia; ph-metric - DeMeester index of 10.73 and 18.9 (norm <14.7). In both cases was performed laparoscopic posterior cruroplasties with short Nissen-Rossetti fundoplication. Postoperative - regression of symptoms, moderate dysphagia that has regressed in 2-3 weeks. Healing of esophagitis - in both cases. The Velanovich score decreased from 25 and 26 (preoperative) to 3 and 4 (4 and 6 months postoperatively).



Conclusions. Despite the risk of postoperative dysphagia, as esophageal motility is often severely compromised in patients with systemic sclerosis, laparoscopic anti-reflux surgery should be considered an effective treatment for recalcitrant GERD, with good results in selected patients.