

DIAGNOSTIC PERFORMANCE OF PH-IMPEDANCE MONITORING IN ASSESSING DUODENOGASTROESOPHAGEAL REFLUX IN REVISIONAL BARIATRIC SURGERY: A COMPARISON WITH SPECTROPHOTOMETRIC BILIRUBIN CONCENTRATION MONITORING

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Poster

Oesophagus

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pH-impedance monitoring shows poor diagnostic accuracy for detecting bile reflux in sleeve gastrectomy patients being evaluated for revisional bariatric surgery, with 40% having pathological bile reflux unrelated to GERD presence.

KEY POINTS

- In 53 post-sleeve gastrectomy patients, pH-impedance monitoring demonstrated area under the curve of 0.61 for detecting duodenogastroesophageal reflux compared to spectrophotometric bilirubin monitoring, with sensitivity of only 38.1% and specificity of 93.6% at optimal cutoff of 85 non-acid reflux episodes.
- Approximately 40% of patients had pathological bile reflux (bilirubin absorbance ≥ 0.14 for $\geq 1.9\%$ of time), but bile exposure time was not associated with GERD diagnosis or presence of erosive esophagitis.
- Despite a moderate correlation between non-acid reflux episodes and bile reflux ($r=0.38$, $p=0.005$), pH-impedance monitoring should not substitute for spectrophotometric bilirubin concentration monitoring in this population.
- This prospective study enrolled patients referred for revisional bariatric surgery evaluation primarily for inadequate weight loss (39.6%) or refractory reflux symptoms (32.1%), with all undergoing simultaneous 24-hour monitoring off proton pump inhibitors.

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