

## Response to Canakis et al



We thank Drs. Canakis, Gilman, and Baron [1] for their comments regarding our recent article in *Endoscopy International Open* titled “Endoscopic ultrasound-guided gastroenterostomy for the management of gastric outlet obstruction: A large comparative study with long-term follow-up” [2].

They suggested performing a more focused comparison between laparoscopic surgical gastroenterostomy (SGE) and endoscopic ultrasound-guided gastroenterostomy (EUS-GE) as the laparoscopic surgical approach is the more preferred method that is associated with improved outcomes and decreased length of stay (LOS) than the open surgical approach.

In our study, 73 SGE patients consisted of 58 patients with a laparoscopic approach and 15 with an open approach. We performed a subgroup analysis to compare EUS-GE with laparoscopic SGE. The technical success was comparable between the two groups (EUS-GE 98.3% and laparoscopic SGE 100%,  $P=0.31$ ). The clinical success of EUS-GE was significantly higher than for laparoscopic SGE (98.3% vs. 93.1%,  $P=0.03$ , respectively). The reintervention rate of EUS-GE was significantly lower than laparoscopic SGE (0.9% vs. 12.1%,  $P < 0.0001$ , respectively). The post-procedural LOS of the EUS-GE group was significantly shorter than the laparoscopic SGE group (median LOS: 2 days [IQR 1–3 days] vs. 4 days [IQR 2–7 days],  $P < 0.0001$ , respectively). Lastly, the overall adverse event (AE) rate for EUS-GE was significantly lower than for laparoscopic SGE (8.6% vs. 24.1%,  $P=0.0006$ , respectively).

Based on these subgroup analyses, the EUS-GE had comparable technical success, higher clinical success, and a lower reintervention rate, shorter LOS, and fewer AEs compared to laparoscopic SGE.

### Conflict of Interest

The authors declare that they have no conflict of interest.

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