



## Letter to editor 'Gastroenteropathy in gastric cancer patients concurrent with diabetes mellitus'

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### Abstract

The present letter to the editor is related to the study titled "Diabetic gastroenteropathy: An underdiagnosed complication". Diabetic gastroenteropathy contributes to a decline in quality of life. In addition, gastroenteropathy is generally observed in patients with concurrent gastric cancer and diabetes mellitus before surgery, and the occurrence of the symptoms might be due not only to cancer but also to the complications of diabetes mellitus.

**Key Words:** Gastric cancer; Gastroenteropathy; Diabetes mellitus; Letter to the Editor; Commentary

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**Core Tip:** This letter to the editor serves to analyze the relationship among gastric cancer, diabetes mellitus (DM), and gastroenteropathy, and the occurrence of the symptoms might be due not only to cancer but also to the complications of DM. In our clinical center, some of the symptoms of gastroenteropathy were in remission after gastrectomy. The reason might be radical resection of the malignant tumor. Another reason we hypothesized was DM remission after gastrectomy.

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**TO THE EDITOR**

We read the review by Concepción Zavaleta *et al*[1] titled of “Diabetic gastroenteropathy: An underdiagnosed complication” with great interest[1]. This review systematically concluded that the pathophysiology and management of diabetic gastroenteropathy were poorly performed in patients with diabetes mellitus (DM). Although the diagnosis was not exactly accurate, after consultation and discussion in a multidisciplinary manner with experts, the core of treatment in diabetic gastroenteropathy was to delay the disease process and to restore gastrointestinal function, with blood glucose controlled by nutrition management.

We agree with the opinion in this review. It was similarly reported by previous studies that gastrointestinal discomfort in DM patients, especially gastroparesis, was associated with factors including hyperglycemia, vagal dysfunction, Cajal interstitial cells, and oxidative stress[2,3]. Gastroparesis could significantly contribute to the decline in quality of life, and nutritional status was affected by the discomfort, which included abdominal distension, vomiting, and diarrhea.

In our clinical center, we found that gastroenteropathy was generally observed in patients with concurrent gastric cancer (GC) and DM before surgery, and the occurrence of the symptoms might be due not only to cancer but also to the complications of DM. Fortunately, some of the symptoms of gastroenteropathy were in remission after gastrectomy. The reason, which could be easily estimated, was radical resection of the malignant tumor. Another reason we hypothesized was DM remission after gastrectomy, which was considered to be oncometabolism surgery in previous studies[4]. Since gastroenteropathy is considered one of the complications of DM, with the remission of DM, the symptoms of gastroenteropathy might decrease or disappear.

To our knowledge, no previous studies have analyzed the relationship among GC, DM, and gastroenteropathy. A previous study reported that the patients who underwent gastrectomy with Roux-en-Y construction showed better type 2 DM remission[5], but no study has focused on gastroenteropathy after gastrectomy. Thus, gastroenteropathy in GC patients concurrent with DM should be a focus, and a larger sample size and multicenter randomized controlled trials are needed in future studies.

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**REFERENCES**

- 1 **Concepción Zavaleta MJ**, González Yovera JG, Moreno Marreros DM, Rafael Robles LDP, Palomino Taype KR, Soto Gálvez KN, Arriola Torres LF, Coronado Arroyo JC, Concepción Urteaga LA. Diabetic gastroenteropathy: An underdiagnosed complication. *World J Diabetes* 2021; **12**: 794-809 [PMID: 34168729 DOI: 10.4239/wjd.v12.i6.794]
- 2 **Bharucha AE**, Kudva YC, Prichard DO. Diabetic Gastroparesis. *Endocr Rev* 2019; **40**: 1318-1352 [PMID: 31081877 DOI: 10.1210/er.2018-00161]
- 3 **Parkman HP**, Wilson LA, Farrugia G, Koch KL, Hasler WL, Nguyen LA, Abell TL, Snape W, Clarke J, Kuo B, McCallum RW, Sarosiek I, Grover M, Miriel L, Tonascia J, Hamilton FA, Pasricha PJ; NIDDK Gastroparesis Clinical Research Consortium (GpCRC). Delayed Gastric Emptying Associates With Diabetic Complications in Diabetic Patients With Symptoms of Gastroparesis. *Am J Gastroenterol* 2019; **114**: 1778-1794 [PMID: 31658129 DOI: 10.14309/ajg.0000000000000410]
- 4 **Lee TH**, Lee CM, Park S, Jung DH, Jang YJ, Kim JH, Park SH, Mok YJ. Long-term Follow-up for Type 2 Diabetes Mellitus after Gastrectomy in Non-morbidly Obese Patients with Gastric Cancer: the Legitimacy of Onco-metabolic Surgery. *J Gastric Cancer* 2017; **17**: 283-294 [PMID: 29302369 DOI: 10.5230/jgc.2017.17.e34]
- 5 **Choi YY**, Noh SH, An JY. A randomized controlled trial of Roux-en-Y gastrojejunostomy vs. gastroduodenostomy with respect to the improvement of type 2 diabetes mellitus after distal gastrectomy in gastric cancer patients. *PLoS One* 2017; **12**: e0188904 [PMID: 29216250 DOI: 10.1371/journal.pone.0188904]



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