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## What is the true effect of gastric peroral endoscopic pyloromyotomy for refractory gastroparesis?



To the Editor:

We read with interest the article by Spadaccini et al<sup>1</sup> evaluating gastric peroral endoscopic pyloromyotomy (G-POEM) for refractory gastroparesis. The authors found that G-POEM for refractory gastroparesis was effective and safe. Because their findings are important to current practice, several questions deserve attention.

First, according to the authors' inclusion and exclusion criteria, 2 important articles, which included 73 patients, were not included.<sup>2,3</sup> Because there are relatively few cases of G-POEM for refractory gastroparesis, studies on G-POEM for refractory gastroparesis should be searched as comprehensively as possible.

Second, the authors used "significant symptomatic improvement" as an assessment measurement; however, the definition of "significant symptomatic improvement" was quite different across the included studies. In other words, it was a subjective judgment that might have caused significant heterogeneity and may not be an ideal measurement to evaluate the effectiveness of G-POEM.

Third, the Gastroparesis Cardinal Symptom Index (GCSI) was also used, but the author overlooked that dynamic change occurred in the GCSI in the follow-up. For instance, the GCSI in the report by Gonzalez et al<sup>4</sup> was 3.3 before the procedure, 0.95 at 1 to 3 months postoperatively, 1.0 at 6 months postoperatively, and 1.1 at 12 months postoperatively. The authors chose only 0.95 to calculate the pooled result, which might not have reflected the true effectiveness of G-POEM. Moreover, the author did not report the heterogeneity of the pooled GCSI. According to our results, the heterogeneity is very significant across the included studies, which means that the GCSI was also not an ideal assessment measurement owing to subjective attribution. In addition, we should pay attention to relapse after G-POEM.

Last, all of the included studies were single-arm studies, and no comparison was made, so randomized controlled trials are still needed to compare the G-POEM with other approaches in the future.

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## DISCLOSURE

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## COVID-19 pandemic: the long and difficult way back to work



To the Editor:

We read with interest the recent article by Repici et al<sup>1</sup> in which the authors discuss the challenges of endoscopy in the time of the COVID-19 pandemic and suggest measures to minimize the risk of transmission in endoscopy units. We would appreciate having the authors' insight on some of the aspects that will be discussed below.

Since the coronavirus infection (SARS-COV-2) has become a worldwide health problem, many society guidelines have been published, dealing with contamination risks and prevention of infection during endoscopic procedures, including the correct use and removal of personal protective equipment (PPE). It is now recognized that endoscopic procedures in COVID-19 patients are highly infecting to all involved healthcare personnel.<sup>1,2</sup>

From the peak of the pandemic to the moment when most people acquire immunity against SARS-CoV-2 (either by infection or by an effective vaccine), endoscopy units will have to resume their daily activities around the globe. It will be challenging to repeat the huge numbers of routine endoscopic procedures performed before the COVID-19 pandemic, considering the time spent for the correct use and removal of PPE and the shortage of rooms equipped with negative pressure ventilation, just to mention a few limitations. In this sense, we would like to have the authors' insights on the strategies they will adopt when they face this moment of transition. In addition to the measures to triage patients suspected of having COVID-19 infection before endoscopic procedures, would it be advisable to perform immunologic tests in healthcare personnel in whom (at least symptomatic) COVID-19 did not develop? In theory, healthcare personnel whose test results are negative for both serum IgM antibody and SARS-CoV-2 polymerase chain reaction (PCR) from nasal and oral swabs, and whose test results are positive for serum IgG antibody against the virus, are immune to the SARS-CoV-2 infection.<sup>3-8</sup> One possible strategy would be to perform antibody tests (IgM and IgG) first, followed by PCR in those with positive results for IgG. Based on the results, it would be easier to organize the endoscopy unit personnel working scales, assigning the susceptible workers to sectors where contact with patients is less intense. If it is possible and available, performing PCR in patients who will undergo endoscopic procedures could also help to define the proper management and better organize the routine of the endoscopy unit.<sup>9</sup>

It is noteworthy that the performance of such tests should not replace the use of PPE or the active search for symptoms of SARS-CoV-2, such as fever, cough, and dyspnea, before the endoscopic examination as mentioned above.<sup>1,2</sup>

## DISCLOSURE

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## Redo gastric peroral endoscopic myotomy in case of recurrence of gastroparesis after the first GPOEM: It seemed to be a good option!



To the Editor:

We read with interest the article by Abdelfatah et al<sup>1</sup> reporting the short-term outcomes of endoscopic double versus single pyloromyotomy in the treatment of gastroparesis. With a clinical success rate of about 80%,<sup>2-4</sup> gastric peroral endoscopic myotomy (GPOEM) seems to be an interesting treatment for patients with refractory gastroparesis. Nevertheless, long-term follow-up is lacking in the current literature.<sup>5</sup> The interesting purpose of Abdelfatah et al<sup>1</sup>—to perform a double pyloromyotomy during a GPOEM—seemed to be feasible and safe. Moreover, the double pyloromyotomy appeared to have better clinical success than a single pyloromyotomy.<sup>1</sup> When symptoms of achalasia persist after an esophagus peroral endoscopic myotomy (EPOEM), a redo EPOEM has been proposed in several centers<sup>6</sup> and appears to be efficacious and safe. Similarly, to redo EPOEM for recurrence of achalasia, it is interesting to report that redo GPOEM could be proposed as a treatment for recurrence of gastroparesis.

Abdelfatah et al<sup>1</sup> reported the cases of 2 patients initially treated with single pyloromyotomy in whom redo GPOEM was performed, with clinical improvement. In our center, a GPOEM pioneer,<sup>3,7</sup> we proposed to perform redo GPOEM for patients with recurrent gastroparesis. In our experience, redo GPOEM appeared to differ from GPOEM by the site of the submucosal entrance into the