Reviewer’s report

Title: Pylorus preserving loop duodeno-enterostomy with sleeve gastrectomy - Preliminary results

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Reviewer: Maciej Patrzyk

Reviewer’s report:

It is a thought-provoking article about preserving pylorus in bariatric surgery. Although the volume of published data so far is relatively small, it would be possible to extract some conclusions. I believe it is important to start a new discussion about these innovative methods.

Minor essential revisions:

As the most effective means for excess weight loss available, bariatric surgery has been growing continuously and new operations and techniques being developed produced. The advantages of surgical technique have been instrumental for this growth. This is a very nice paper analyzing an important issue for surgeons dealing with patients in need for bariatric surgery. However, there are some issues which need to be addressed:

What do you mean about new approaches combined with gastric plication? I miss reasons/indication to use this technique and more information in the discussion about current state of this technique. Laparoscopic Greater Curvature Plication (LGCP) or Gastric Plication is a relatively new technique. LGP is a new option, still in experimental stages, for patients who want to avoid resection of the stomach or bowel. Compared to a sleeve gastrectomy, the plication is considered a non-permanent, potentially reversible (up to one year post-op) procedure as no part of the stomach is resected. Current literature on gastric plication and its modifications is limited and sketchy at times. More data is required, and randomized control trials must be completed in order to reach safe conclusions. Laparoscopic gastric plication is an emerging restrictive bariatric procedure but still lacks standardization of the technique. I supposed the author used a modified technique described by Talebpour et al. for all patients (3). Why did you decided for this technique?

- Were all operations performed by the same experienced surgeon?

The issue of coexistence of GERD or a hiatal hernia is a particular problem, as LSG has been recognized as a factor which worsens or even produces new onset of GERD symptoms (probably through a stasis mechanism).

- Were all patients grossly asymptomatic before surgery? I miss the proposal in the discussion for further study to evaluate reflux postoperatively (24-hour outpatient gastresophageal pH-metry or bilimetry).
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.