Reviewer’s report

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

Version: 3 Date: 30 January 2014

Reviewer: Andrés Sánchez-Pernaute

Reviewer’s report:

The authors present an interesting report on the initial experience with a “one-loop technique” for the treatment of morbid obesity based on the duodenal switch. The operation is similar to that proposed by Sánchez-Pernaute et al referred as SADI-S and that other presented by Lee et al which is a proximal SADI-S (SADJB-SG). The difference is that the authors propose the calculation of the common channel length as a proportion of the total intestinal length, following Hess principles for the duodenal switch. The authors defend that this preference is better as there might be substantial differences in the total intestinal length between patients. However, other authors as Scopinaro defend that there is no necessity of measuring the whole small bowel, as the rate of energy absorption is constant after a constant length of the common channel.

The follow up is short, but results are interesting for the scientific community.

Although the first publication of the duodenal switch for the treatment of morbid obesity is that of Marceau, duodenal switch was developed 2 years before Marceau started by Douglas S. Hess. Hess DS, Hess DW. Biliopancreatic diversion with a duodenal switch. Obes Surg 1998; 8:267-282.

Could you please include glycaemia and glycated haemoglobin levels for diabetics, before and after the operations?

What is your explanation for the dumping syndrome presentation in one of your patients? Is it possible that the anastomosis has been performed erroneously before the pylorus? Did you perform a barium swallow to the patient to clarify this?

Are calcium and iron supplements prescribed systematically? What dosages?

The authors hypothesize that the increase of reflux prevalence after the procedure over the rates observed after LSG may be secondary to the duodenal mobilization. Could you please specify if when performing the duodenal division you perform a complete duodenal mobilization with division of the right gastric artery as some groups defend for the duodenal switch?

The length of the common channel in SADI-S is currently 250 cm, as the authors observed a high rate of hypoproteinemia when performing SADI-S with a 200 cm common channel; so both operations are similar and results at long term are supposed to be similar.
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.