



## Laparoendoscopic surgery for benign esophagogastric conditions

This issue focuses on laparoendoscopic surgery for benign esophagogastric conditions. What could be more timely?

In the 21<sup>st</sup> century, both laparoscopic and endoscopic procedures are increasingly replacing the traditional and well-established open surgical approach for the majority of esophagogastric benign conditions, e.g., hiatal hernia repair and antireflux procedures, achalasia and other esophageal motility disorders including the peroral endoscopic myotomy (POEM) and resection of submucosal [gastrointestinal stromal tumor (GIST)] tumors, to name but a few. The reason for this shift is that these minimal access procedures—some of which are utilizing the natural orifice approach—are associated with less pain, faster recovery and better cosmesis.

Dr. Siddaiah-Subramanya *et al.* from Queensland, Australia, have tackled the topic of laparoscopic surgery for achalasia and other primary esophageal motility disorders (PEMD). They feel that although laparoscopic Heller myotomy (LHM) represents the gold standard for the treatment of achalasia, the role of surgical intervention in other PEMD and its long-term benefits are debatable and unpredictable. The important role of high-resolution impedance manometry in diagnosing these conditions is therefore key in differentiating various PEMD based on patients' symptomatology and subsequently choosing the most appropriate surgical or even endoscopic procedure to treat them.

Prof. Kohn from Melbourne, Australia has provided us with a very illuminating review on POEM for achalasia as opposed to laparoscopic surgery. In his view this procedure is safe and effective in the short term. However, the question of gastroesophageal reflux (GER) needs further probing. The other query is regarding the prevalence of postoperative bloating, rectal flatulence and the inability to belch in POEM compared to the LHM with fundoplication.

Dr. Morino *et al.* from Torino, Italy have examined the role of different types of laparoscopic antireflux surgery (LARS) for the treatment of gastroesophageal reflux disease (GERD). They have discussed the important role of ambulatory 24-hour pH impedance study and patient selection prior to LARS. The authors feel based on the current evidence, that the 360° wrap provides the most durable procedure in the long run.

Dr. Kavanagh *et al.* from Iowa, USA have endeavored to provide insight into the role of laparoscopic surgery for recurrent GERD. According to the authors, the reoperative antireflux procedures are required in a minority of patients. However, these procedures can be challenging and should only be attempted by an experienced surgeon well versed in revisional surgery. A complete workout for such patients is required to elucidate the cause of this failure. An appropriate procedure based on patient symptomatology and esophageal function plays an important role in preventing any future failures and significantly improves patient symptoms and quality of life.

Dr. Pansa *et al.* from Rozzano, Italy and Queensland, Australia have provided the updates on the role of laparoscopic surgery for perforated peptic ulcer disease. The authors feel that a laparoscopic approach is advantageous in terms of less postoperative pain and reduced wound infection rates. As such, they support a minimal access approach as the treatment of choice where it is situationally appropriate. However, a contentious area where further research is required is that of the management of elderly, frail, and high-risk patients which could be achieved in multicenter randomized controlled trials.

Dr. Asti *et al.* from Milan, Italy have provided us with a state-of-the-art review on the role of minimally invasive surgery for submucosal benign esophageal tumors. According to the authors, this technique has probably decreased the threshold for surgery due to lesser morbidity and greater patient comfort. Furthermore, the minimal access approach should represent the initial approach even in patients who present with large masses at unfavorable locations. The authors have predicted that in the future, third-space endoscopy is likely to play a more important role in patients with submucosal tumors.

Lastly, we have included an original article from Dr. Dzhantukhanova *et al.* from Moscow, Russia who have provided us an insight into the smart approach to surgical treatment of submucosal tumors based on preoperative endoscopic ultrasound (EUS) classification. According to the authors, this classification guides the surgical approach and the nature and extent of the surgical procedure which can be selected individually for each patient at the preoperative stage. Furthermore, this leads to the most organ-preserving resection with optimal function results.

We are proud to present this issue to the readers of *Annals of Laparoscopic and Endoscopic Surgery* and hope you enjoy it.

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