

Pathology of the sleeve gastrectomy specimen

A vertical sleeve gastrectomy is an increasingly common intervention as a primary treatment for obesity and its complications. Less is known about the pathological changes seen in the removed section of stomach. We analysed the pathology seen in 1463 consecutive sleeve gastrectomy specimens submitted to Envoi Specialist Pathologists between 2009 and 2015.

Abnormalities were seen in up to 20% of specimens submitted. Most of the abnormal cases showed a non-specific chronic gastritis.

Helicobacter-like organisms were seen in 7% of cases (Fig. 1). A variety of other benign processes were seen and were similar in both men and women.



	Total (%)	Female	Male
Total	1463	1115	348
Normal	1173(80.2)	886	287
Non HP gastritis	105 (7.2)	90	15
HP gastritis	100(6.8)	70	30
Gastritis of special type[#]	17(1.2)	13	4
Polyps[§]	60(4.1)	50	10
Extraluminal nodules[^]	7(0.5)	5	2
[§] Fundic gland polyp (n=58), small hyperplastic polyp (n=2) [^] GIST with no risk of progression (n=4), pancreatic heterotopia (n=2), leiomyoma (n=1)			



# Gastritis of special type (n=17)	
Lymphocytic gastritis	7
Autoimmune gastritis	8
Multifocal atrophic gastritis	2

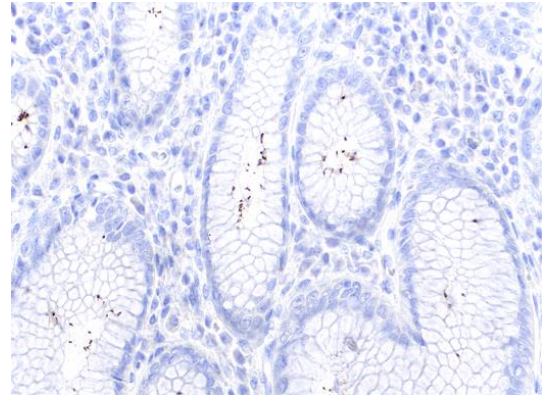
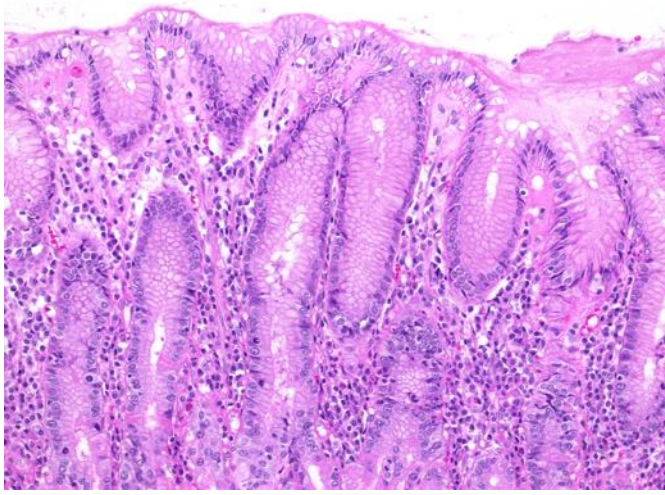


Fig.1. H&E stained section showing an active gastritis; Immunoperoxidase stain showing H. pylori organisms

Overall, approximately 10% of cases showed changes that required further investigation, treatment or follow-up. This would justify the ongoing histopathological examination of sleeve gastrectomy specimens.

Further Reading:

Miller GC, Reid AS, Brown IS. The pathological findings seen in laparoscopic sleeve gastrectomies for weight loss. *Pathology*. 2016; 48(3):228-232.