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### Letter to the Editor on: “Gastrointestinal tract reconstruction in adults with ultra-short-bowel syndrome: Surgical and nutritional outcomes”

To the Editor:

We read with interest the article by Cruz et al regarding “Gastrointestinal Tract Reconstruction in Adults With Ultra-Short-Bowel Syndrome: Surgical and Nutritional Outcomes” published in *Surgery*.<sup>1</sup>

We appreciate the conclusion reached by the authors concerning nutritional autonomy achieved in adults with residual small bowel <50 cm by hormonal or surgical therapy. The restoration of gastrointestinal (GI) tract continuity has a positive impact on medical management and survival, as also demonstrated in our published report.<sup>2</sup>

In their series, the authors described 11 adults with ultra-short bowel syndrome (USBS) who reached nutritional autonomy after restorative GI surgery. Six patients had a small bowel >40 cm and a 100% colon length. In our study, 13 adults had a 75-cm mean residual small bowel, but 7 of them were reconnected to 50% of colon only. We agree with the authors that the presence of an intact colon and ileocecal valve significantly increase the adaptation rate. The role of the colon as a digestive organ has been well reported in literature.<sup>3</sup>

Our concern is related to the remnant 34 adults with USBS reported by the authors who did not reach nutritional autonomy after surgery. Why did the authors not attempt a lengthening technique on this group of patients instead of leaving them on total parenteral nutrition or listing them for intestinal transplantation? The authors asserted they did not perform any bowel-lengthening procedures (ie, serial transverse enteroplasty procedure or longitudinal intestinal lengthening and tailoring) because in their opinion these interventions have not shown any significant contributions to the adaptation process in children with USBS.

We do not agree with this last statement. There is evidence in the literature to support the nutritional benefits offered by lengthening techniques, such as serial transverse enteroplasty or segmental reversal procedure in children and adults,<sup>4,5</sup> avoiding permanent total parenteral nutrition or intestinal transplantation. Moreover, 14 of 25 adults with USBS with some residual postduodenal small bowel treated by the authors with restorative surgery of the GI tract unfortunately did not reach nutritional autonomy. Why did they not perform a second surgery in this selected group of patients? Their mean residual small bowel length was 33.5 cm

and they had 82.5% of mean colon length. In our opinion, there was room for lengthening techniques and, by excluding them, an important and due chance was precluded for this group of postsurgical, not adapted adults with USBS who became either candidates for transplantation or destined for definitive total parenteral nutrition.

We would like to have the authors’ opinions on our remarks. On the other hand, we do appreciate and congratulate the authors for their innovative surgical effort in such a difficult and challenging field as short bowel syndrome in adult patients.

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#### Conflict of interest/Disclosure

All authors declare that they have no conflict of interest.

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