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Response to the Letter to the Editor: *Post-fundoplication dysphagia: laparoscopic intervention or endoscopic dilation?*[☆]



Respuesta a la carta *Disfagia posfunduplicatura: ¿intervención laparoscópica o dilatación endoscópica?*

We appreciate the interest in our article shown by Tustumi et al., and the diagnostic therapeutic approach in adults they proposed was of interest to us, as well. Unfortunately, carrying out esophageal manometry prior to fundoplication is not a common practice in the Mexican pediatric population, thus we did not know if the patients we analyzed presented with a pre-existing motility disorder.¹ As stated by Tustumi et al., post-fundoplication dysphagia resolution should be evaluated in an orderly manner, so that the surgeon can make the decision to perform laparoscopy or pneumatic dilations, depending on patient characteristics.² To the best of our knowledge, there are not enough reports in the literature for determining the best approach to that type of complication in children. Thus, we believe that publishing the manometric finding of esophagogastric junction outflow obstruction, in children with post-fundoplication dysphagia, contributes to establishing the correct treatment in those patients and enables new lines of research to be proposed for determining the best approach, according to the surgery performed, the surgical findings, the manometric findings, and especially, the symptomatology and clinical presentation of those patients.

Conflict of interest

The authors declare that they have no conflict of interest.

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