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Name of Journal: *World Journal of Gastroenterology***Manuscript NO:** 54483**Manuscript Type:** OPINION REVIEW**Malignant gastric outlet obstruction: Which is the best therapeutic option?**

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Edoardo Troncone, Alessandro Fugazza, Annalisa Cappello, Giovanna Del Vecchio Blanco, Giovanni Monteleone, Alessandro Repici, Anthony Yuen Bun Teoh, Andrea Anderloni

Malignant gastric outlet obstruction (MGOO) is a clinical condition characterized by the mechanical obstruction of the pylorus or the duodenum due to tumor compression/infiltration, with consequent reduction or impossibility of an adequate oral intake. MGOO is mainly secondary to advanced pancreatic or gastric cancers, and significantly impacts on patients' survival and quality of life. Patients suffering from this condition often present with intractable vomiting and severe malnutrition, which further compromises therapeutic chances. Currently, palliative strategies are based primarily on

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Aside from SEMS placement and surgical bypass, recent reports of magnetic gastroenteric anastomosis have emerged. This article critically examines each of the different **therapeutic options** for **malignant gastric outlet obstruction**, defines their clinical utility, and provides the exact recommendations as to how they may be usefully employed.

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Malignant Gastroenteric Obstruction: Therapeutic Options. Malignant gastric outlet obstruction is a **complication of advanced pancreatic cancer, manifesting endoscopically or radiographically as a stricture of the proximal duodenum**. Until recently, management consisted of surgical gastroenteric bypass with or without associated biliary bypass.

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Medical Condition

Gastric outlet obstruction is a medical condition characterized by a blockage or obstruction at the level of the pylorus, the opening of the stomach into the small intestine. This obstruction prevents food from passing through the stomach and into the small intestine. Symptoms of gastric outlet obstruction include bloating, nausea, vomiting, and abdominal pain. It can be caused by various factors, including gastric cancer, peptic ulcers, and inflammation of the stomach.

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Perform standard preoperative evaluation in these patients. Correct fluid and electrolyte abnormalities

in gastric decompression by NG tube and suction and alert the anesthesiologist to