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**Letter to editor ‘Gastroenteropathy in gastric cancer patients concurrent with diabetes mellitus’**

Cheng YX *et al*. Letter to editor gastroenteropathy

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**Abstract**

The present letter to the editor is related to the study titled “Diabetic gastroenteropathy: An underdiagnosed complication”. Diabetic gastroenteropathy contributes to a decline in quality of life. In addition, gastroenteropathy is generally observed in patients with concurrent gastric cancer and diabetes mellitus before surgery, and the occurrence of the symptoms might be due not only to cancer but also to the complications of diabetes mellitus.

**Key Words:** Gastric cancer; Gastroenteropathy; Diabetes mellitus; Letter to the Editor; Commentary

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**Core Tip:** This letter to the editor serves to analyze the relationship among gastric cancer, diabetes mellitus (DM), and gastroenteropathy, and the occurrence of the symptoms might be due not only to cancer but also to the complications of DM. In our clinical center, some of the symptoms of gastroenteropathy were in remission after gastrectomy. The reason might be radical resection of the malignant tumor. Another reason we hypothesized was DM remission after gastrectomy.

**TO THE EDITOR**

We read the review by Concepción Zavaleta *et al*[1] titled of “Diabetic gastroenteropathy: An underdiagnosed complication” with great interest[1]. This review systematically concluded that the pathophysiology and management of diabetic gastroenteropathy were poorly performed in patients with diabetes mellitus (DM). Although the diagnosis was not exactly accurate, after consultation and discussion in a multidisciplinary manner with experts, the core of treatment in diabetic gastroenteropathy was to delay the disease process and to restore gastrointestinal function, with blood glucose controlled by nutrition management.

We agree with the opinion in this review. It was similarly reported by previous studies that gastrointestinal discomfort in DM patients, especially gastroparesis, was associated with factors including hyperglycemia, vagal dysfunction, Cajal interstitial cells, and oxidative stress[2,3]. Gastroparesis could significantly contribute to the decline in quality of life, and nutritional status was affected by the discomfort, which included abdominal distension, vomiting, and diarrhea.

In our clinical center, we found that gastroenteropathy was generally observed in patients with concurrent gastric cancer (GC) and DM before surgery, and the occurrence of the symptoms might be due not only to cancer but also to the complications of DM. Fortunately, some of the symptoms of gastroenteropathy were in remission after gastrectomy. The reason, which could be easily estimated, was radical resection of the malignant tumor. Another reason we hypothesized was DM remission after gastrectomy, which was considered to be oncometabolism surgery in previous studies[4]. Since gastroenteropathy is considered one of the complications of DM, with the remission of DM, the symptoms of gastroenteropathy might decrease or disappear.

To our knowledge, no previous studies have analyzed the relationship among GC, DM, and gastroenteropathy. A previous study reported that the patients who underwent gastrectomy with Roux-en-Y construction showed better type 2 DM remission[5],but no study has focused on gastroenteropathy after gastrectomy. Thus, gastroenteropathy in GC patients concurrent with DM should be a focus, and a larger sample size and multicenter randomized controlled trials are needed in future studies.

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**Footnotes**

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