

Operation of heartburn provides little protection against esophageal cancer

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(PhysOrg.com) -- Severe heartburn is the most important risk factor for suffering from glandular cell carcinoma (adenocarcinoma) in the esophagus. Scientists have therefore hoped that surgery for heartburn should have a protective effect against this aggressive cancer. However, a large Swedish study, published in the scientific journal *Gastroenterology*, show that patients who undergo surgery for heartburn still are in high risk of having esophageal cancer a long time after they have had surgery.

"This is obviously disappointing. But it could also be that surgery often is performed too late to prevent cancer. Persons who are selected to undergo surgery for heartburn have usually encountered serious problems for a long time before the discussion of surgery arises," says Professor Jesper Lagergren of the Karolinska Institute, who led the study.

Morbid degree of heartburn affects 10-20 percent of all adults in the western world. Heartburn arises when Cardia is not closed properly, allowing the stomach acid to penetrates into the gullet. Risk factors are heredity, obesity, smoking and certain medications. Treatment is done primarily by acid inhibitory drugs or, in selected cases, surgery.

Since heartburn is also the strongest risk factor for [esophageal cancer](#), researchers hoped that the operation against heartburn will prove to have a protective effect. The chance of surviving five years after diagnosis of esophageal cancer is set is only 10-15 percent, making the search for

preventive measures very important. Esophageal cancer has increased rapidly in the Western world over the past decades.

In the present study, a research team at Karolinska Institutet led by Jesper Lagergren, examined the risk of esophageal cancer in 14 102 Swedes who previously had surgery for heartburn. The study, which is the most comprehensive in its field, cover all heartburn surgery in Sweden since 1965 and has a follow-up time of up to 42 years. The results show that those who had surgery for heartburn had continued high risk of esophageal cancer during the follow-up. Thus, the team believes that this operation can not be stated as a reason for the prevention of esophageal cancer for patients with severe [heartburn](#). In its analysis, the researchers adjusted their results for the effects of age, gender and time. On the other hand, they have not been able to take into account risk factors such as [obesity](#) and smoking.

The researchers will continue to investigate why the operation do not affect esophageal cancer by studying the operations carried out and the patients increased incidence of other risk factors for those who developed esophageal cancer.

More information: Lagergren J., Ye W., Lagergren P., Lu Y. Antireflux surgery and risk of esophageal adenocarcinoma, *Gastroenterology*, Epub ahead of print 18 Jan 2010, [DOI:10.1053/j.gastro.2010.01.004](https://doi.org/10.1053/j.gastro.2010.01.004)

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