




In reply: Comment on: Association of glucagon-like peptide receptor 1 agonist therapy with the presence of gastric contents in fasting patients undergoing endoscopy under anesthesia care: a historical cohort study

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To the Editor,

We thank Dr. Mizubuti *et al.*¹ for their comments and interest in our work.² It is indeed reassuring that our two studies^{2,3} came to remarkably similar conclusions, despite several differences in inclusion criteria. We did not find any meaningful discrepancies in our results, and we apologize if our choice of words might have implied that we did. It is also gratifying to see the wealth of scientific effort that is currently being dedicated to this topic. Only a little more than a year has passed since the first case reports and studies alerted about the risk of intraoperative pulmonary aspiration associated with glucagon-like peptide 1 receptor agonist (GLP-1 RA) therapy and there already are several retrospective and prospective studies quantifying the incidence of residual gastric contents in fasting patients taking GLP-1 RAs, evaluating whether these are associated with an actual increase in the incidence of postoperative pulmonary aspiration and, only tentatively still, attempting to determine the efficacy of the mitigating solutions proposed. Nevertheless, not all published data are

of equal validity, and we raised concerns about the logic of some approaches, but the research efforts are both palpable and much needed. Given the multiple health benefits that keep being reported for GLP-1 RAs, it appears that these drugs, and their anesthesia-related challenges, are here to stay.

Disclosures None.

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