

Special Issue

Clinical Updates on Personalized Upper Gastrointestinal Surgery

Message from the Guest Editor

Upper gastrointestinal (GI) surgery encompasses a broad range of diseases, from benign to malignant, offering a fruitful field for research and clinical advancement. The advent of biomarkers, predictive tools, and refinements in surgical techniques has significantly advanced the personalization of treatment strategies. Additionally, significant improvement in endoscopic interventions has facilitated the management of dreaded complications. This Special Issue aims to showcase the latest research and clinical innovations in the personalized management of upper GI diseases. Topics of interest include, but are not limited to:

- Personalized surgical treatment for gastroesophageal reflux disease, achalasia, and hiatal hernia.
- Management strategies for esophageal and gastric malignancies.
- Techniques and outcomes in managing anastomotic leaks and perforations of the upper GI tract.
- Innovative advancements include endoscopic therapies, minimally invasive approaches, and fluorescence-guided surgery using indocyanine green to enhance personalized treatment.

Guest Editor

Dr. Dimitrios Kehagias

1. Department of Upper Gastrointestinal Surgery, NHS University Teaching Hospitals, Hull HU16 5JQ, UK
2. Department of Surgery, University General Hospital of Patras, 26504 Patras, Greece

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Medicine*
Editorial Office
MDPI, Grosspeteranlage 5
4052 Basel, Switzerland
Tel: +41 61 683 77 34
jpm@mdpi.com

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About the Journal

Message from the Editor-in-Chief

Journal of Personalized Medicine is one of the few journals that covers the diverse areas involved in the field, including research at basic, translational, and clinical levels. It focuses on “omics”-level studies that seek to define the basis of interindividual variation in susceptibility for a disease, its prognosis or definition of clinical subsets, and response to therapy (pharmacogenomics). We are also interested in systems biology as it relates to interindividual variation, and research on new methodologies, informatics, and biostatistics, in the aforementioned areas.

Editor-in-Chief

Prof. Dr. Kenneth P.H. Pritzker

Department of Laboratory Medicine and Pathobiology, Department of Surgery, University of Toronto, 6 Queens Pk Crescent W.F, Toronto, ON M5S 3H2, Canada

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manuscripts are peer-reviewed and a first decision is provided to authors approximately 25 days after submission; acceptance to publication is undertaken in 5.8 days (median values for papers published in this journal in the second half of 2025).