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BACKGROUND

- Laparoscopic sleeve gastrectomy (LSG): safe and effective bariatric procedure in adolescents
- Long-term results remain uncertain

OBJECTIVE

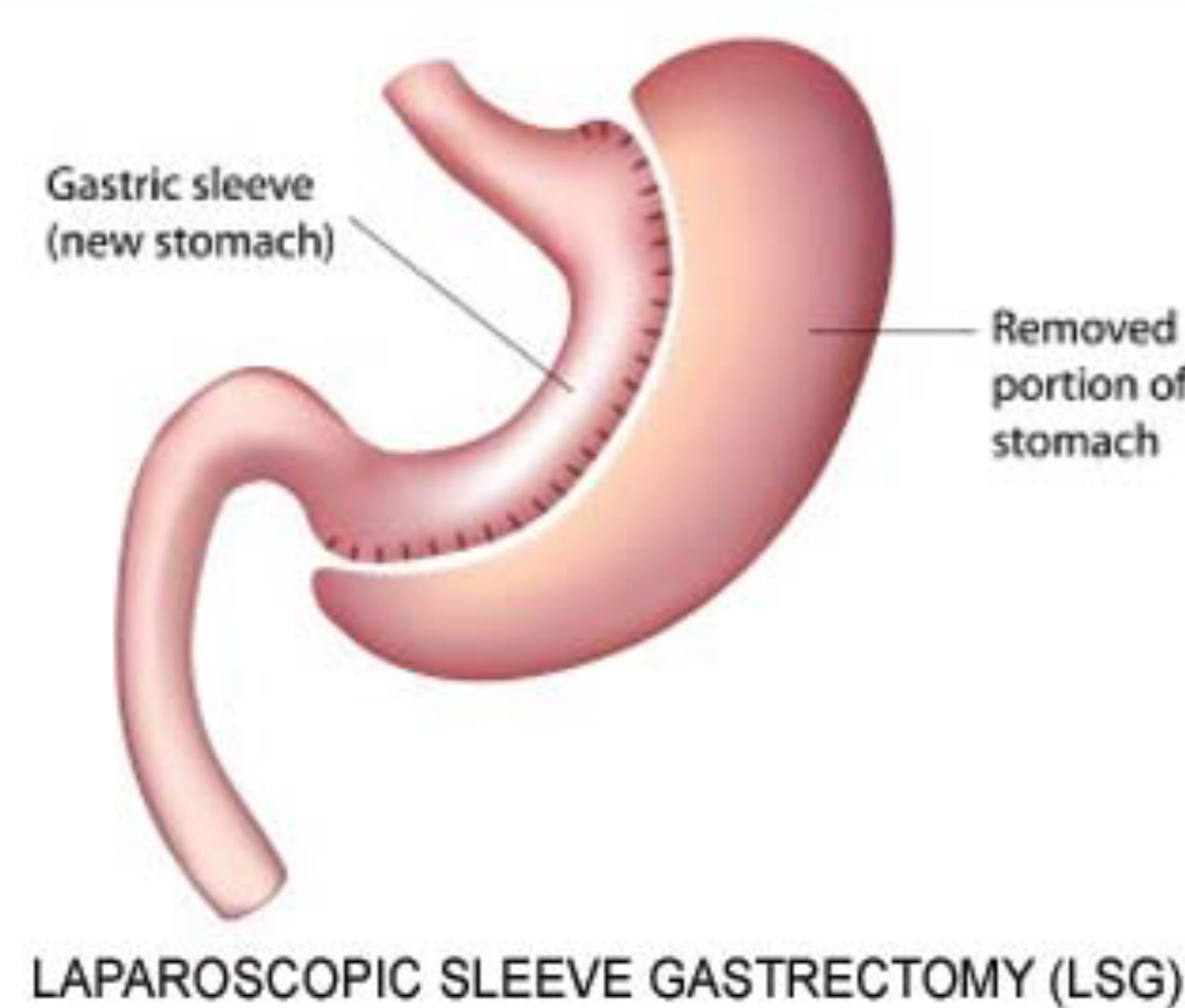
- Report and compare the short- and long-term outcomes of LSG in adolescents

METHODS

- Retrospective analysis (2010 - 2013)
 - Baseline
 - Short-term (1y)
 - Long-term (5-7y)
- Outcomes:
 - BMI
 - %EWL (percentage of excess weight loss)
 - Co-morbidities
 - Complications
- Co-morbidities:
 - insulin resistance (HOMA-IR ≥ 2.5)
 - dyslipidemia (TC > 200 or LDL-C > 130 or HDL-C < 40 for boys and HDL-C < 45 for girls or TG > 130 mg/dL)
 - hypertension (SBP > 130 mmHg or DBP > 80 mmHg)
 - liver steatosis (positive abdominal ultrasound)
- Surgical success: %EWL > 50%

RESULTS

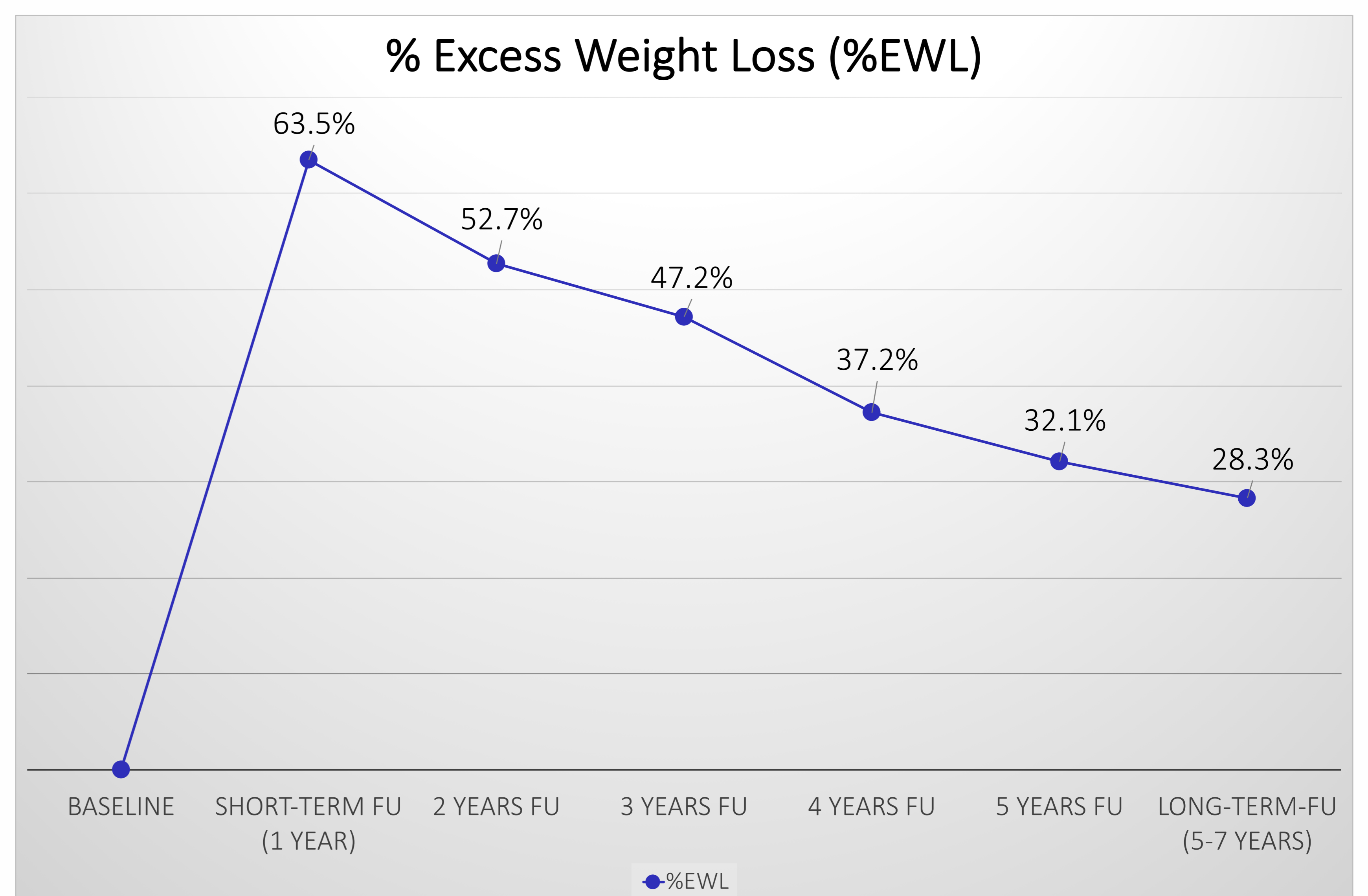
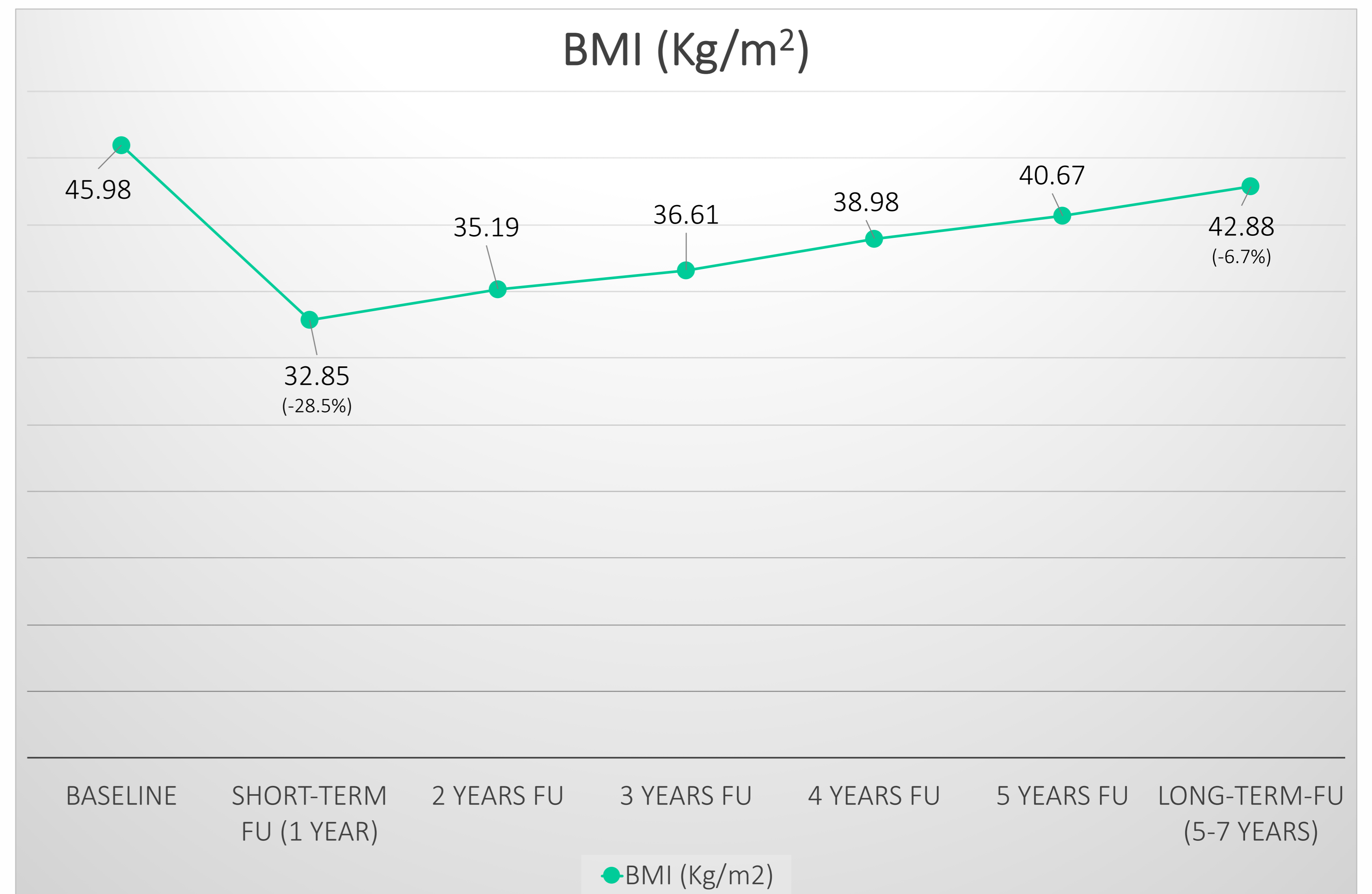
- 11 patients (81.8% ♀)
- Pre-operative mean age: 16.4 \pm 1.4 years
- Median long-term follow-up: 6.0 (4.8-6.9) years
- No diabetes at baseline
- Complications:
 - no intra or postoperative complications
 - laparoscopic cholecystectomy: 63.6%
 - anemia ♀ (hemoglobin < 12 g/dL): 55.5%
- Success Rate:
 - short-term follow-up : 90.9%
 - long-term follow-up: 27.2%



CONCLUSIONS

- The short-term outcomes from adolescents who underwent LSG showed both weight and metabolic improvements
- Although some adolescents were able to retain metabolic improvements, the long-term outcomes showed that they regained weight and reacquired cardiometabolic risk factors, resulting in a lower success rate
- We also showed an increased risk of cholecystectomy and anemia among adolescent women in the long-term
- Further studies should try to understand to whom the LSG should be targeted for, since for some specific patients, it is a very successful treatment

RESULTS



The mean %EWL were significantly different between the short and the long-term follow-up (63.5% x 28.3%; p<0.05)

