

Obesity-Related Liver Disease Eludes Diagnosis

BY DOUG BRUNK
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SAN DIEGO — Obesity-related liver disease may be clinically underrecognized, results from a single-center study showed.

"Our results indicate that a normal liver ultrasound, liver function tests, and gross appearance does not exclude the presence of significant liver disease," the researchers, led by Dr. Joshua E. Roller, wrote in a poster presented at the annual meeting of the American Society for Bariatric Surgery. "If certain subgroups of morbidly obese patients can be identified that are at increased risk for liver disease progression, then intervention with bariatric surgery may become especially critical, and should be aggressively pursued."

The researchers, of Duke Weight Loss Surgery Center at Duke University, Durham, N.C., reviewed the demographic, perioperative, and liver biopsy data from 153 patients who underwent Roux-en-Y gastric bypass for morbid obesity from January 2005 to September 2006. The mean age of patients was 41 years, their mean

body mass index was 48 kg/m², and most were female (84%) and white (80%).

The researchers reported that preoperatively only 7.8% of patients had abnormal liver function tests, and ultrasound detected fatty liver in 35% of patients.

However, 92% of patients had abnormal liver biopsies: mild steatosis was present in 58.3%, moderate steatosis was found in 21.1%, and 12.6% of patients had severe steatosis. Fibrosis was present in 12.6% of the liver biopsy specimens.

Intraoperatively, the liver appeared normal by surgeon observation in 65% of patients, whereas the rest of the patients appeared to have a fatty and/or enlarged liver. The researchers identified nonalcoholic steatohepatitis in 24.5% of patients with steatosis, of whom 48.6% had mild fibrosis.

Nonalcoholic steatohepatitis was significantly more common in men than in women (45.8% vs. 20.5%, respectively) and in whites compared with African Americans (27.9% vs. 9.7%). Patients aged 50 years and

older had higher rates of nonalcoholic steatohepatitis than did their younger counterparts, but the difference was not statistically significant (35% vs. 20.5%).

Liver fibrosis was significantly more common in whites than in African Americans (16.4% vs. 0%, respectively) and in men compared with women (33.3% vs. 8.5%).

No associations were detected between the presence of nonalcoholic steatohepatitis or liver fibrosis and preoperative weight loss, weight gain, or body mass index. ■

In Gastric Banding Patients, 13% Need Major Reoperation

SAN DIEGO — Thirteen percent of patients who underwent laparoscopic adjustable gastric banding required a major reoperation, results from a long-term single-center study showed.

"We see complications, even many years after surgery," Dr. Vincenzo Bacchi said at the annual meeting of the American Society for Bariatric Surgery. "[These patients need] lifelong management and surveillance."

He and his associates studied the rate and causes of reoperation in 448 patients who underwent laparoscopic adjustable gastric banding in the surgery department at La Sapienza University in Rome, between 1996 and 2006. In 2002, the perigastric technique was replaced by the pars flaccida approach. Of the 448 patients, 83% were women and their average body mass index was 43 kg/m². The average follow-up was 3.2 years, and 84 patients (19%) were followed for more than 5 years.

Of the total, 59 patients (13%) required a major reoperation for band repositioning/removal or revision, and 29 patients (6%) required a minor reoperation for port complications. Patients with a BMI of greater than 50 kg/m² were 3.9 times as likely to require a major or minor reoperation as were patients with a lower BMI.

The main reasons for major reoperation were dilatation, erosion of the band, lack of weight loss, psychological problems, and slippage. Minor reoperations were necessitated by infections of the port site, a twist of the port, or breakage. The rate of major reoperation in a subset of patients followed for longer than 5 years was 24%, chiefly because they had undergone gastric banding with the perigastric technique.

—Doug Brunk

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