

IDabstract	53
Speaker	Corsini Caterina under40 <input checked="" type="checkbox"/>
ARGOMENTO	Comunicazioni libere
TITOLO DEL LAVORO	Bariatric Surgery: a safe procedure for obese patient waiting for renal transplant
AUTORI	<p>Authors: Caterina Corsini¹, Alessia Terulla¹, Massimiliano Bissolati¹, Marcella Scardilli¹, Paola Maffi², Rossana Caldara², Alessandro Saibene³, Antonio Secchi², Carlo Socci¹.</p> <p>Affiliation:</p> <ol style="list-style-type: none"> 1. Transplant and Metabolic-Bariatric Surgery, San Raffaele Scientific Institute, Milan, Italy 2. Transplant Medicine, San Raffaele Scientific Institute, Milan, Italy 3. Department of General Medicine, Diabetes and Endocrinology, IRCCS Ospedale San Raffaele, Milano, Lombardia, Italy
RELATORE	
INTRODUZIONE	<p>Background</p> <p>Obesity [body mass index (BMI) > 30 kg/m²] has been considered as a relative contraindication in kidney transplant (KTX) candidates as it is associated with inferior outcomes for KTX including delayed graft function (DGF) and graft failure.</p> <p>Bariatric procedure have the capacity to achieve body weight loss of 20-30% or excess weight loss up to 80% which have been shown to be maintained up to 15 years. Bariatric surgery could be a valid therapeutic option if obesity represents a contraindication to transplantation to improve graft survival and life expectancy of patients awaiting kidney transplant.</p>
METODI	<p>Objectives</p> <p>To examine the safety and efficacy of bariatric surgery in renal transplant candidates and evaluate transplant outcomes.</p> <p>Methods</p> <p>From November 2015 to April 2020 6 morbidly obese patients awaiting kidney and kidney-pancreas transplantation underwent Laparoscopic Sleeve Gastrectomy (LSG). Data included patient demographic characteristics, BMI before Laparoscopic Sleeve Gastrectomy (LSG), percentage of excess weight loss at 12 months after SG, BMI at time of KTX, Serum Creatinine value at 1, 6, 12 and 36 months, percentage of DGF and blood concentration of immunosuppressive drugs.</p>
RISULTATI	<p>Results</p> <p>Six pretransplant patients underwent LSG. Mean age was 53 years old. Preoperative mean BMI was 37.4 (range 33.7-39.7 kg/m²). The mean percentage of excess weight loss at 12 months after SG was 82% (range 34%-124%).</p> <p>Three patients underwent KT after a mean time between SG and KT of 14 months. Three patients are still in waiting list.</p> <p>Four patients (66%) achieve BMI<30 kg/m² (range 23.4-29.6 kg/m²) after 6 months from SG.</p> <p>All patients who underwent KT achieve an ideal BMI (<=30 kg/m²) at time of transplant (BMI range 23.4-30 kg/m²). Two patient recorded normal serum creatinine level (1.08 mg/dl and 1.2 mg/dl respectively) after 1 months from KT. One patient recorded DGF after prolonged hypotension during KTX surgery and serum creatinine level of 3.4 mg/dl after 1 months of KT. Mean blood levels of immunosuppressive drugs at 12 months after KT was 9.5 ng/mL (tacrolimus range 6.2-11.2 ng/ml). Mean follow up after KT was 18,5 months (range 1-36).</p>
DISCUSSIONE	<p>Conclusion</p> <p>Bariatric surgery is a valid option to improve outcome of kidney transplant in patients</p>

with end-stage renal disease waiting for KT. Laparoscopic Sleeve Gastrectomy is a safe and feasible procedure, allows quick and sustained weight loss and improves candidacy for transplantation, reducing posttransplant patient morbidity. More evidence to support these findings and longer follow-up period are needed.

BIBLIOGRAFIA

Revisore

Non assegnato

Accettazione

Non ancora definito

Note