

**Possibile correlazione tra disturbi d'ansia e depressivi e incidenza di
fistola post-chirurgia bariatrica: l'esperienza della
CDC Madonna della Salute di Porto Viro
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OBIETTIVO

Valutare la possibile correlazione tra storia clinica di disturbi d'ansia e depressione e l'incidenza di fistola gastrica in esiti di GASTRECTOMIA LONGITUDINALE LAPAROSCOPICA (SLEEVE GASTRECTOMY).

Robson MJ, Quinlan MA, Blakely RD.

Immune System Activation and Depression: Roles of Serotonin in the Central Nervous System and Periphery. ACS Chem Neurosci. 2017 May 17;8(5):932-942. doi: 10.1021/acscchemneuro.6b00412. Epub 2017 Apr 3. PMID: 28345868.

Copious amounts of research have outlined a connection between alterations in immune system function, inflammation status, and MDD.

REVIEW

Depression and postoperative complications: an overview

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Surgery and postoperative infections

Tissue injury following surgery results in depressed immunity leading to an increased risk of infectious complications. Postoperative infections are major causes of increased morbidity, mortality and cost [16]. Several studies reported increased rate of postoperative infections in patients suffering from depression, e.g., after coronary artery bypass surgery (CABG) [17], total knee arthroplasty [18], craniotomies [19], insertion of ventricular assist devices [20]. The latter is of particular serious consequences.

position, decreased immunity and/or psychosocial. Depressed patients are more likely to smoke [33, 34], or to be alcohol dependent [35] and to be non-compliant with treatments. Spiegel, et al. [36], studied the effect of psy-

Immunity, depression and surgery

The immune system helps to protect the body against disease, toxic agents, stress and injury. Psychological stress in humans induces an inflammatory response through the production of small messenger molecules, pro-inflammatory cytokines such as interleukin 1beta (IL-1 β), interleukin 6 (IL-6) and tumor necrosis factor alpha (TNF α). All of these are released by macro-

Depression in bariatric surgery candidates

Methodologic limitations, including the absence of well-defined control groups, the absence of randomization and the use of suboptimal psychometric measures [102], prevent definitive interpretation of the rates of psychopathology observed in bariatric surgery candidates. Questionnaires which assess self-report symptoms may be often biased by confounding covariates as compared to symptoms confirmed by an interview [103]. An epidemiological study of nearly 40,000 individuals found that persons who had a BMI of 40 kg/m² or higher were nearly five times more likely to have experienced an episode of major depression in the past year than were individuals of average weight [104]. This and other findings strongly suggest that extremely obese individuals are more vulnerable to depression, although the factors responsible for this susceptibility are not clear. Weight related stigmatization and the emotional distress associated with the medical complications of morbid obesity may be contributors [105, 106]. Therefore, candidates for bariatric surgery should be assessed for depression and those in need should be treated.

Changes after bariatric surgery

Most studies reported a significant decrease in depression and anxiety rating scores and improvement in quality of life scores after surgery. And there is usually a positive association between the decrease in the depression and anxiety scores and the amount of weight loss [107]. Deactivation of inflammatory pathways,

Da Marzo 2016 a Novembre 2020 presso la Casa di Cura di Porto Viro sono stati eseguiti:

533 interventi di chirurgia bariatrica di cui 398 SLEEVE GASTRECTOMY .

Tutti i pazienti sono stati sottoposti a valutazione psicologica e comportamentale pre-operatoria secondo linee guida nazionali SICOB internazionali IFSO

Su 398 casi di SLEEVE GASTRECTOMY :

- 10 casi di fistola gastrica (2,5%) tra la 7a e la 15a gg post operatoria
- Sesso f
- età compresa tra i 30 e i 56 anni

Su 10 casi di fistola gastrica: 5 (50%)

➤ 2 pazienti storia di sindrome ansioso-depressiva reattiva di cui 1 trattato con terapia antidepressiva; sintomatologia subclinica al momento della valutazione

➤ 3 pazienti storia di depressione (documentata da referto psichiatrico, di cui 2 in trattamento con terapia farmacologica + in regolare follow up, 1 no trattamento +no follow-up).

Tutti pazienti in compenso al momento dell'intervento

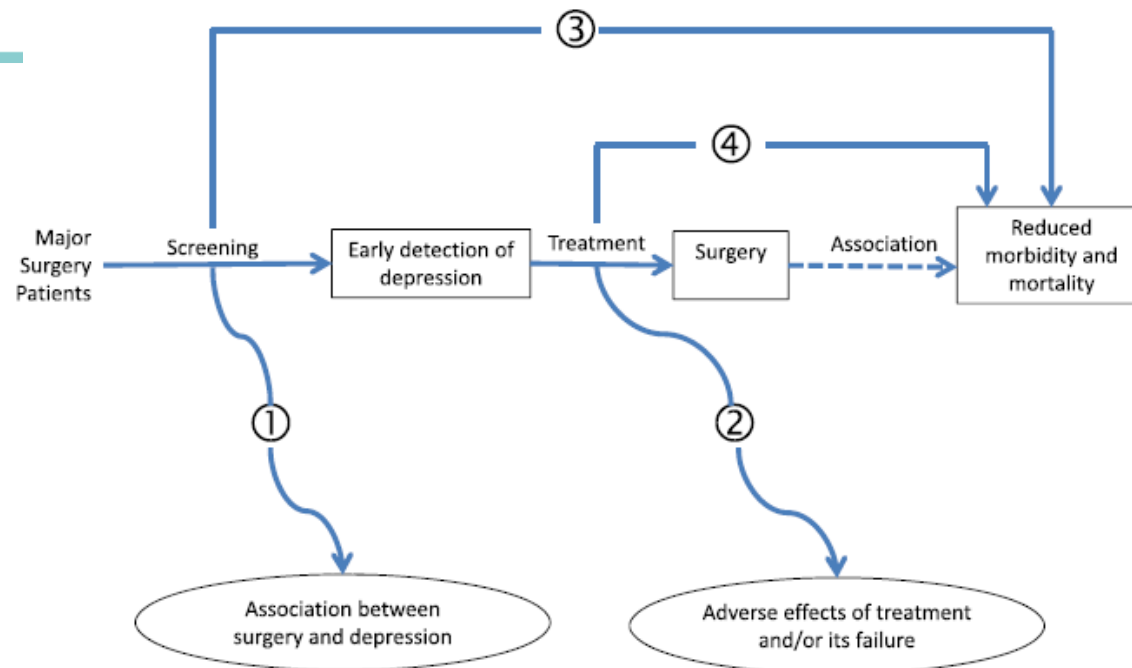


Fig. 1 A framework for counselling interventions in major surgery patients. The numbers refer to answers to key questions as follows: (1) There are not enough studies comparing surgery with non-surgery cohorts. (2) There are potential adverse effects of treatment and/or its failure (3) and (4). There is a need for randomized and controlled trials to prove the efficacy of screening and/or treatment of depression before anesthesia and surgery in reducing postoperative morbidity and mortality.

Conclusioni

- Esistono evidenze che lo stato depressivo possa essere correlato con una condizione di immunodepressione potenzialmente con-causa di complicanza post-operatoria dal punto di vista eziopatogenetico.
- Studiare correlazione fra disturbi ansioso-depressivi e incidenza di fistola post-sleeve gastrectomy
- Lo screening e il trattamento pre-operatorio specifico potrebbero essere efficaci nel ridurre le complicanze post-operatorie?