

Bariatric Surgery: And When the Age Does Not Allow?

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Abstract

Due to the high prevalence of obesity in childhood, this study evaluated the severity of obese children and adolescents from a specialized ambulatory in a tertiary hospital, by the analysis of clinical and laboratorial data, studying the associated comorbidities and the potential indication for bariatric surgery.

Key words: Obesity, Childhood, Bariatric surgery.

Introduction

In the last 50 year changes occurred in the profile of health problems in children and adolescents and in this context the obesity raised as a pandemic disease with important repercussion due to high prevalence and morbidity (1). In Brazil, for example, the last data show rise of prevalence in all ages and in both sexes (2). On account of this situation, many kinds of treatment have been studied, including mainly changes in lifestyle. However, in practice the results are disappointing (3,4), what caused bigger interest in the study of bariatric surgery in adolescents. Therefore, this study has the objective of evaluating the severity of obesity in children and adolescents by the presence of comorbidities and by the potential indication for bariatric surgery, in the first consultation in a specialized ambulatory of a tertiary hospital.

Results and Discussion

The study was composed by clinical and laboratorial data of the first consultation of 296 patients included in the ambulatory of childhood obesity of the Clinical Hospital of Unicamp. The criteria used for potential indication for bariatric surgery was the one provided by the Health Ministry of Brazil. The distribution of comorbidities in relation to the BMI is presented in chart 1. From the sample, 66 (22,1%) had a potential surgical indication, however only 12 (18,2%) were older than 16 years old. Such results stimulate the discussion about the inefficiency of the current approach in obesity in childhood, in which prevails the orientation about lifestyle. In contrast, they stimulate the thought about new possible therapeutical approaches that include bariatric surgery.

Chart 1. Distribution of children with one or more abnormal laboratorial exams in relation to BMI

BMI	Total N (%)	Abnormal Laboratorial Exams				
		TGL	TCol	HDL	LDL	HOMA1-IR
<35	183 (73,5)	64 (28,4)	31 (13,8)	139 (62,9)	33 (15,1)	65 (33,5)
35-40	37 (14,8)	13 (33,3)	3 (7,7)	29 (76,3)	5 (13,2)	24 (72,7)
>40	29 (11,6)	9 (32,1)	6 (21,4)	19 (67,9)	5 (17,9)	22 (81,5)

Total cholesterol (TCol) >200mg/dL; HDL <45mg/dL; HOMA1-IR >3,16; LDL >130mg/dL; Triglycerides (TGL) >130mg/dL.

Conclusions

In conclusion, this study revealed that a significant percentage of children and adolescents had high prevalence of comorbidities and potential indication for bariatric surgery, regardless of age, which demonstrates the severity of the situation since the first consultation. In this context, arises the discussion about prevention, premature diagnosis and real effectiveness of the behavioral treatments, considering in a holistic way the viability of surgery in adolescents.

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