

# Outcomes of bariatric/metabolic surgery for morbidly obese adolescents: a multicenter study in Korea

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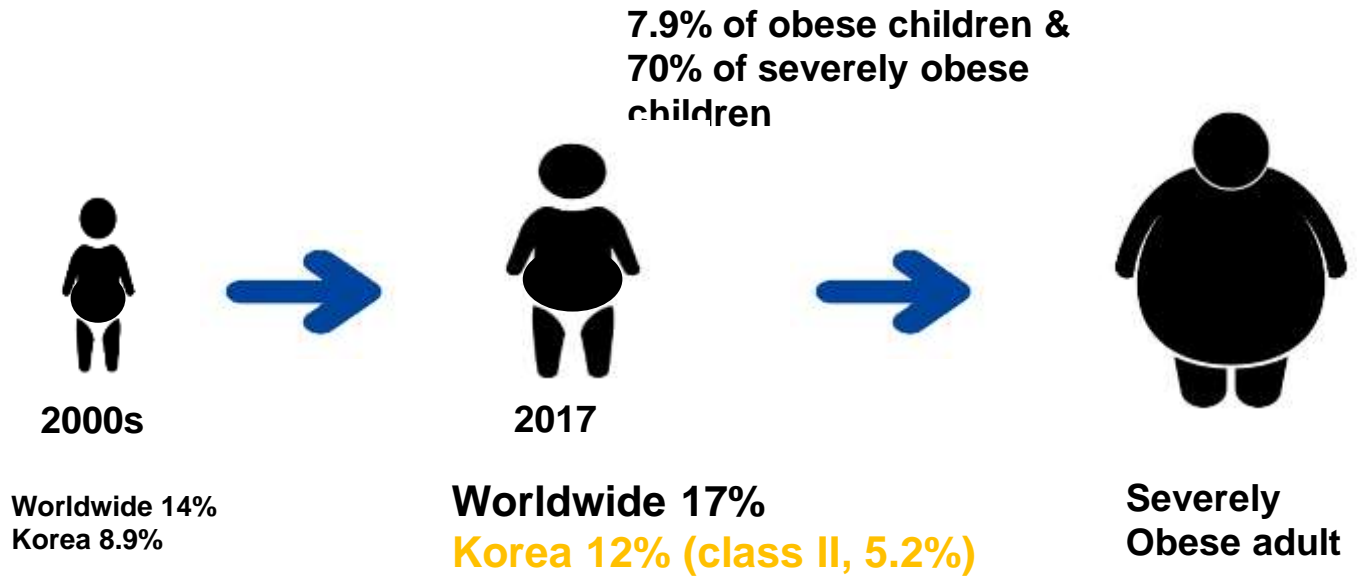
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# Background

## Children & adolescent obesity



Ha KH, Kim DJ. Epidemiology of Childhood Obesity in Korea. *Endocrinol Metab* 2016;31:510-8

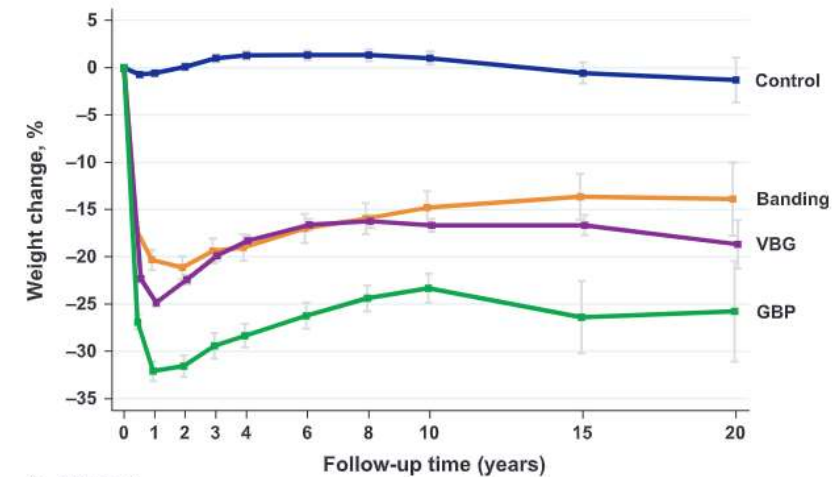
Jewellyn, A.; Simmonds, M.; Owen, C.G.; Woolacott, N. Childhood obesity as a predictor of morbidity in adulthood: A systematic review and meta-analysis. *Obes. Rev* 2016 ;17, 56-67

		Obesity related diseases
Cardiovascular diseases		Hypertension Stroke Congestive heart failure Pulmonary embolism Ischaemic heart disease
Other diseases	<b>T2DM</b>	Type 2 Diabetes Mellitus
	<b>HTN</b>	Asthma Arthritis Osteoporosis Cholecystitis Dyslipidemia Chronic back pain Emergency caesarean section Preterm labour Hypertensive disorders in pregnancy Antepartum hemorrhage Obstructed labour Birth injury
	<b>Dyslipidemia</b>	
Cancer	<b>NAFLD</b>	Breast Colon Endometrium Esophagus Kidney Ovary Pancreas Prostate Cervix Leukemia Gallbladder
	<b>PCOS</b>	

Stevens J, Cai J, Pamuk ER, et al. The Effect of Age on the Association between Body-Mass Index and Mortality. *NEJM* 1998;338(1):1-7

# Background

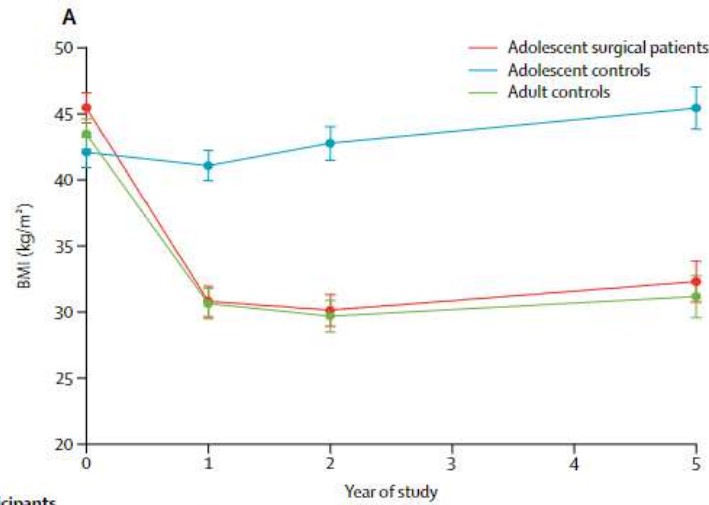
SOS trial, 2012



No. examined	0	1	2	3	4	6	8	10	15	20
Control	2037	1490	1242	1267	556	176				
Banding	376	333	284	284	150	50				
VBG	1369	1086	987	1007	489	82				
GBP	265	209	184	180	37	13				

➤ Most effective solution

AMOS, 2017



Number of participants	0	1	2	3	4	5
Adolescent surgical patients	81	81	81	--	--	81
Adolescent controls	80	80	59	--	--	72
Adult controls	81	81	81	--	--	71

➤ Comparable and sustained WT loss & comorbidities resolution in adolescents

Asian study, 2014 & 2018

Original Article | [10.1007/s12209-014-0351-0](https://doi.org/10.1007/s12209-014-0351-0) | *Yonsei Med J* 55(5):1386-1392, 2014




Clinical Experience of Weight Loss Surgery in Morbidly Obese Korean Adolescents

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Original Article | [10.1186/s12916-018-1000-9](https://doi.org/10.1186/s12916-018-1000-9) | *Singapore Med J* 21(1):50-53, 2018

Laparoscopic sleeve gastrectomy for morbidly obese adolescents in Singapore

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➤ Longer-term results of adolescent bariatric surgery: yet to be reported in Asian population

# Purpose

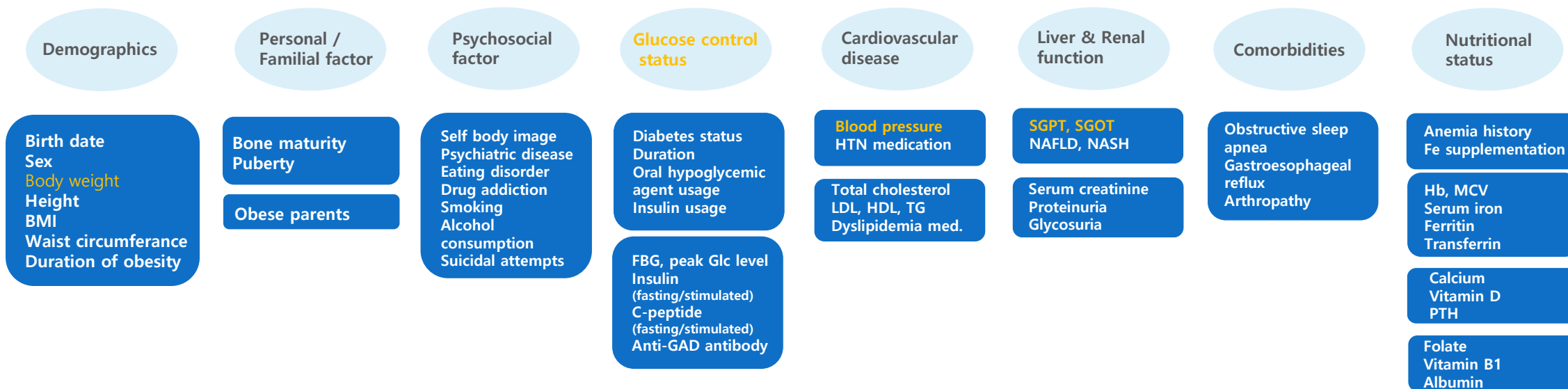
- **Primary goal: WT 1, 2, 3, 5yrs after bariatric/metabolic surgery in Korean adolescents.**
  
- **Secondary goals:**
  - 1) **Resolution of comorbidities.**  
(Prediabetes & T2DM, HTN, FL, and Dyslipidemia)
  
  - 2) **<30-day complications, Nutritional deficiencies.**

# Methods

- The KSMBS bariatric surgery registry (KSMBS research fund #KSMBS-2023-01).  
Jan 2003 – Jun 2021, Age below 19.  
Relevant data using the 6 institutions' EMR.
- Indications:  
BMI > 35kg/m<sup>2</sup> or > 30kg/m<sup>2</sup> with obesity-related comorbidities (T2DM, HTN, FL, Dyslipidemia, etc.)
- Conventional Laparoscopic (or Robotic) Roux-en-Y gastric bypass (RYGB) or Sleeve gastrectomy (SG).
- Exclusion: genetic background, Uncontrolled psychiatric disorder.

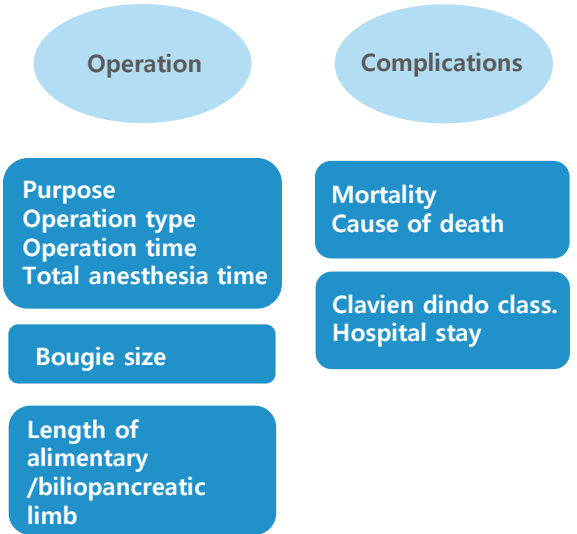
# Methods

## Baseline characteristics

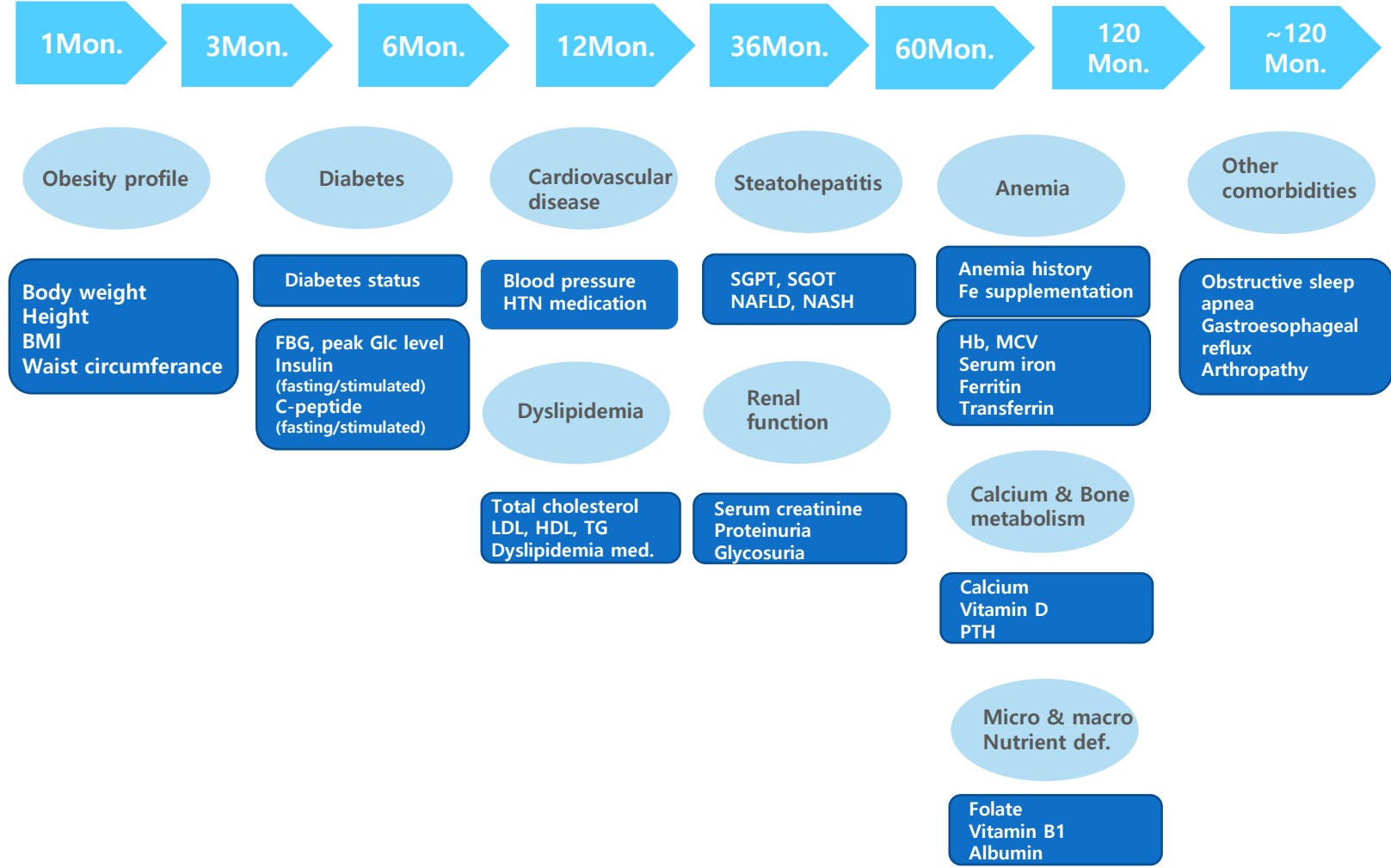


# Data collection

## Perioperative factor



## Follow up data



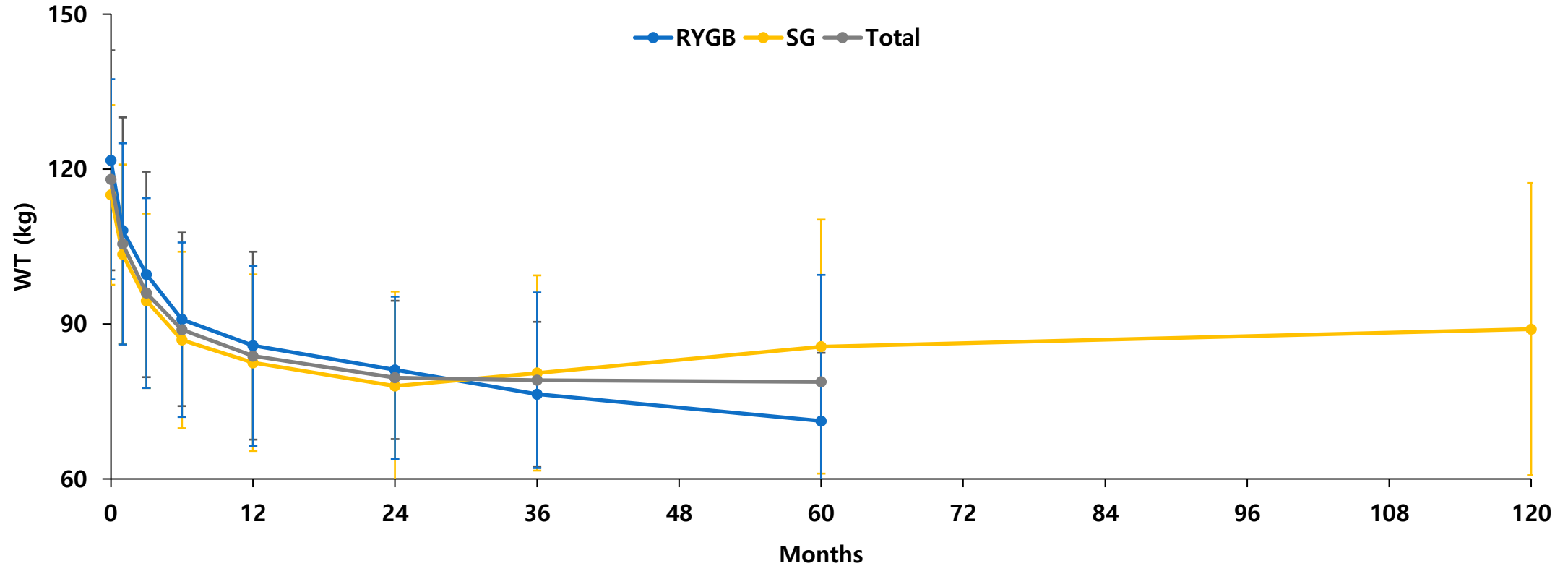
# Result

## Patients' characteristics and perioperative outcomes

Characteristics	Total (n=60)	RYGB (n=28) (46.7%)	SG (n=32) (53.3%)
Age at surgery, yrs	<b>17.3</b> ± 1.7 (12-19)	18.0 ± 1.3 (14-18)	16.5 ± 1.7 (12-19)*
Gender, n (%)			
Male	17 (28.3%)**	7 (25.0%)	10 (31.3%)
Female	43 (71.7%)	21 (75.0%)	22 (68.8%)
Weight (kg)	<b>118</b> ± 19.4 (70-162)	121.7 ± 21.3 (88-162)	115 ± 17.4 (70-154)
BMI (kg/m <sup>2</sup> )	<b>42.5</b> ± 6.6 (25.7-59.1)	44.0 ± 6.6 (32.5-59.1)	41.2 ± 6.4 (25.7-55.8)
Excessive WT (kg)	54.2 ± 17.9 (7.4-91.8)	58.2 ± 18.9 (27.7-91.8)	50.7 ± 16.6 (7.4-88.1)
<b>Comorbidities</b>			
DM, preDM, n (%)	<b>19 (31.7%)</b>	9 (32.2%)	10 (31.3%)
HiBP, n (%)	<b>32 (53.3%)</b>	8 (28.6%)	24 (75.0%)*
Dyslipidemia, n (%)	<b>46 (76.7%)</b>	18 (64.3%)	28 (87.5%)
Fatty liver, n (%)	<b>26 (43.3%)</b>	7 (25.0%)	19 (59.4%)
OSA, n (%)	17 (28.3%)	5 (17.9%)	12 (37.5%)
GERD, n (%)	5 (8.3%)	1 (3.6%)	4 (12.5%)*
Arthritis, n (%)	8 (13.3%)	2 (7.1%)	6 (18.8%)
Psychiatric disorder, n (%)	8 (13.3%)	2 (7.1%)	6 (18.8%)
Operation time (min)	144 ± 79 (66-430)	<b>171.4 ± 103.9 (85-430)</b>	120 ± 35.6 (66-240)*
Blood loss (ml)	58.6 ± 74.5 (0-250)	38.3 ± 30.4 (30-500)	72 ± 92 (0-250)
Hospital stay (day)	3.6 ± 3.2 (1-15)	2.9 ± 2.0 (1-7)	4.0 ± 3.6 (1-15)

\*p <0.05, between surgical procedure, \*\* between sex

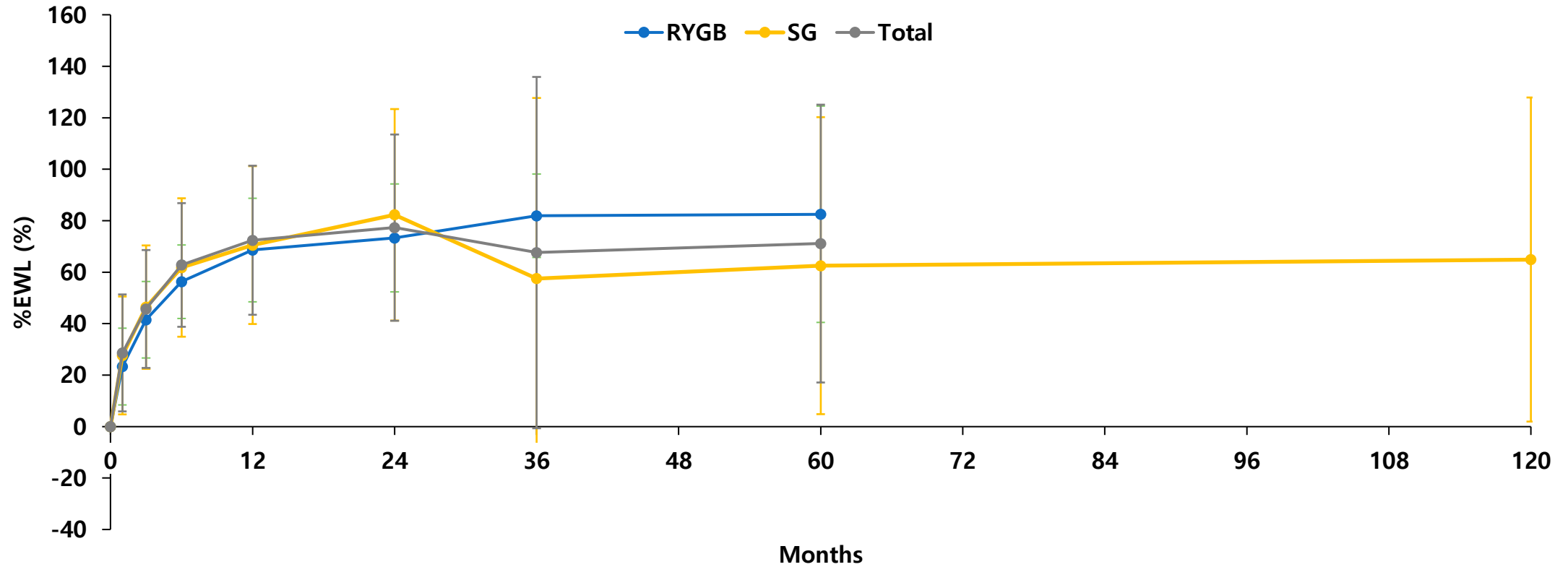
# WT



WT variables	Procedures	Preop	1 month	3 months	6 months	12 months	24 months	36 months	60 months	120 months
No. of f/u patient	RYGB	28	24/28 (85.7%)	25/28 (89.3%)	25/28 (89.3%)	21/28 (75%)	17/28 (60.7%)	5/28 (17.9%)	7/28 (25%)	-
	SG	32	31/32 (96.8%)	28/32 (87.5%)	26/32 (81.3%)	29/32 (90.6%)	15/32 (46.9%)	10/32 (31.3%)	8/32 (25%)	2/32 (6.6%)
WT (kg)	RYGB	121.7 ± 21.3	108.1 ± 21.9	99.6 ± 19.9	90.9 ± 16.8	85.8 ± 18.2	81.1 ± 13.4	76.4 ± 14.0	71.2 ± 13.2	-
	SG	115.0 ± 17.4	103.5 ± 17.4	94.5 ± 16.9	86.9 ± 17.1	82.5 ± 17.1	78.0 ± 18.3	80.5 ± 18.9	85.6 ± 24.6	89.0 ± 28.3
	Total	118 ± 19.4	105.5 ± 19.5*	96.9 ± 18.4*	88.9 ± 16.9*	83.8 ± 17.4*	79.6 ± 15.7*	79.1 ± 17.0*	78.8 ± 20.7*	89.0 ± 28.3*

\*p<0.05, vs. baseline

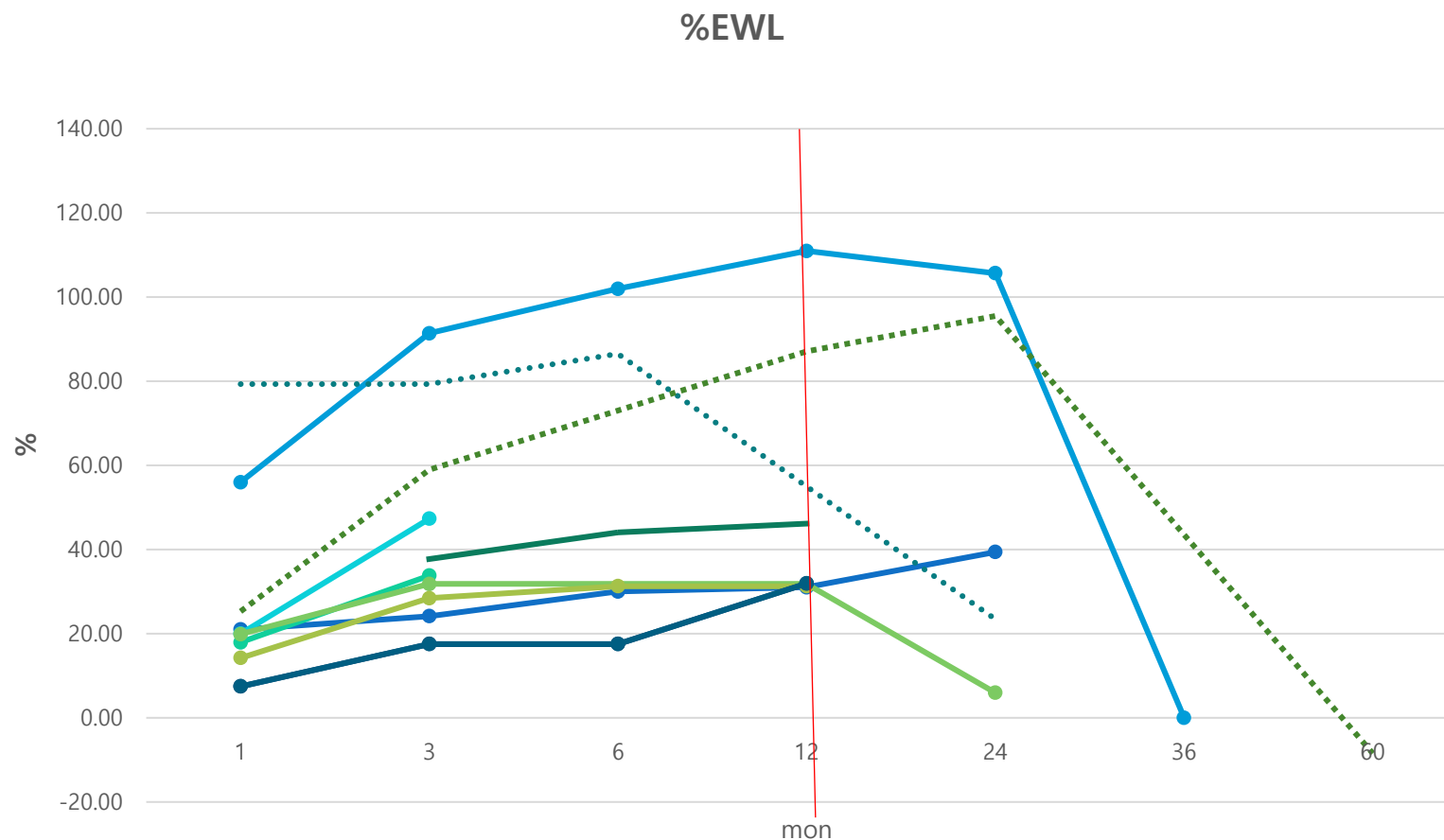
# %EWL



WT variables	Procedures	Preop	1 month	3 months	6 months	12 months	24 months	36 months	60 months	120 months
No. of f/u patient	RYGB	28	24/28 (85.7%)	25/28 (89.3%)	25/28 (89.3%)	21/28 (75%)	17/28 (60.7%)	5/28 (17.9%)	7/28 (25%)	-
	SG	32	31/32 (96.8%)	28/32 (87.5%)	26/32 (81.3%)	29/32 (90.6%)	15/32 (46.9%)	10/32 (31.3%)	8/32 (25%)	2/32 (6.6%)
%EWL	RYGB		23.3 ± 14.9	41.5 ± 14.9	56.3 ± 14.3	68.6 ± 20.1	73.3 ± 21.0	81.9 ± 16.2	82.5 ± 42.0	-
	SG		27.6 ± 22.9	46.4 ± 24.0	61.8 ± 26.9	70.5 ± 30.7	82.2 ± 41.1	57.5 ± 70.2	62.5 ± 57.7	64.9 ± 63.0
	Total		28.6 ± 22.7*	45.7 ± 22.9*	62.8 ± 24.0*	72.4 ± 29.0*	77.3 ± 36.2*	67.6 ± 68.3*	71.1 ± 54.0*	64.9 ± 63.0*

\*p<0.05, vs. baseline

## Patient with %EWL <50% at the time of final survey



**\*5 primary WT loss failures : 1 RYGB (n=21) & 4 SG (n=29), 1year postoperatively\*.**

**\*3 WT regains. : 1 RYGB (n=17), 2 yrs; 1 SG (n=10), 3yrs; 1 RYGB (n=8), 5 yrs postoperatively.**

## Comorbidity resolution

Comorbidities		Total (n=60)		RYGB (n=28)		SG (n=32)	
		Baseline (n=60)	12 mon (n=50)	Baseline (n=28)	12 mon (n=21)	Baseline (n=32)	12 mon (n=29)
Glycemia control	Pre-diabetes, n (%)	7/60 (11.7)	3/50 (6.0)	1/28 (3.5)	1/21 (4.7)	6/32 (18.7)	2/29 (6.9)
	T2DM, n (%)	12/60 (20.0)	1/50 (2.0)	8/28 (28.5)	0/21 (0.0)	4/32 (12.5)	1/29 (3.4)
	FBG (mg/dl)	107.2 ± 40.4	88.8 ± 9.2*	110.7 ± 42.1	91.0 ± 4.5*	104.5 ± 39.5	87.4 ± 11.1*
	HbA1C (%)	6.0 ± 1.2	5.0 ± 0.3*	6.2 ± 1.1	5.1 ± 0.3*	5.8 ± 1.3	5.0 ± 0.3*
	Insulin (mcU/ml)	51.2 ± 38.2	12.1 ± 5.9*	52.9 ± 41.9	12.1 ± 5.9*	49.9 ± 35.9	-
Blood pressure	Hypertension, n (%)	32/60 (53.3)	7/50 (14.0)	8/28 (28.5)	2/21 (9.5)	24/32 (75.0)	5/29 (17.2)
	SBP (mmHg)	129.9 ± 16.3	119.4 ± 12.3	125.8 ± 18.7	130.3 ± 9.8	133.5 ± 13.3	117.1 ± 11.7*
	DBP (mmHg)	80.6 ± 12.6	73.6 ± 10.2	78.2 ± 14.6	72.0 ± 10.85	82.7 ± 10.3	78.0 ± 10.5*
Lipid	Dyslipidemia, n (%)	46/60 (76.7)	9/50 (18.0)	18/28 (64.2)	2/21 (9.5)	28/32 (85.7)	7/29 (24.1)
	T-cholesterol (mg/dl)	189.9 ± 38.8	175.6 ± 35.9	193.3 ± 23.4	157.3 ± 28.6*	187.4 ± 47.5	187.5 ± 35.7
	HDL (mg/dl)	48.2 ± 13.8	55.4 ± 12.2	48.2 ± 9.3	56.0 ± 8.3	48.2 ± 16.5	55.0 ± 14.4
	LDL (mg/dl)*§§	121.3 ± 33.1	102.0 ± 28.6	125.4 ± 22.5	85.8 ± 21.2*	118.3 ± 39.1	112.5 ± 28.2
	TG (mg/dl)	164.0 ± 82.9	91.3 ± 59.6*	168.8 ± 101.1	75.5 ± 25.6*	160.5 ± 67.6	101.7 ± 72.6*
Liver	Fatty liver	26/60 (43.3)	3/50 (6.0)	7/28	0/21	19/32	3/29
	AST (IU/L)	45.4 ± 35.8	17.1 ± 5.0*	50.2 ± 40.8	18.5 ± 6.4*	41.5 ± 31.1	16.2 ± 3.8*
	ALT (IU/L)	76.2 ± 73.0	15.1 ± 7.7*	78.0 ± 60.5	17.6 ± 8.2*	74.7 ± 83.1	13.5 ± 7.0*

\*p <0.05, vs. baseline

## Adverse event

- **No mortality.**
- **Sleeve gastrectomy**  
**1 intraluminal, 1 peritoneal bleeding.**  
**2 re-admissions due to poor oral intake.**
- **Gastric bypass**  
**1 readmission due to vomiting.**

## Nutritional deficiency

Comorbidities		Total (n=60)		RYGB (n=28)		SG (n=32)	
		Baseline	12 mon	Baseline	12 mon	Baseline	12 mon
IDA	Hb (g/dl)	13.8 ± 1.2	13.3 ± 1.5	<b>13.6 ± 1.1</b>	<b>12.8 ± 1.8*</b>	14.0 ± 1.3	13.7 ± 1.3
	Serum iron	82.9 ± 42.7	95.0 ± 49.5	75.2 ± 43.8	87.7 ± 46.8	89.4 ± 41.7	99.9 ± 51.8
	Ferritin	143.3 ± 127.5	123.3 ± 303.5	<b>175.5 ± 158.1</b>	<b>56.8 ± 23.8*</b>	102.2 ± 56.8	179.7 ± 410.0
	TIBC	354.6 ± 95.3	349.3 ± 54.2	384.3 ± 92.5	352.7 ± 63.9	365 ± 103.5	345 ± 41.0
Calcium deficiency	Calcium	9.2 ± 2.0	9.4 ± 0.4	9.9 ± 0.2	9.4 ± 0.3	9.1 ± 2.1	9.4 ± 0.4
	Vitamin D	14.8 ± 6.2	16.7 ± 8.1	14.2 ± 7.4	13.3 ± 8.4	15.2 ± 5.5	17.7 ± 8.0
	PTH	42.5 ± 17.4	58.8 ± 81.2	41.5 ± 18.1	76.1 ± 8.5	47.1 ± 15.6	38.7 ± 15.8
Other nutritional deficiency	Albumin	6.8 ± 6.5	4.4 ± 0.2	13.4 ± 10.6	4.5 ± 0.3	4.4 ± 0.3	4.4 ± 0.2
	Folate	7.3 ± 6.6	6.3 ± 4.0	9.4 ± 10.1	8.5 ± 6.1	6.2 ± 3.8	5.5 ± 2.7
	Vitamin B12	476.3 ± 218.6	358.0 ± 198.3	<b>432.4 ± 273.8</b>	<b>322.9 ± 99.1*</b>	520.2 ± 138.5	468.5 ± 173.2
	Vitamin B1	155.6 ± 73.6	112.4 ± 62.7	188.0 ± 11.4	201.9 ± 16.1	<b>150.3 ± 78.5</b>	<b>97.5 ± 59.5*</b>

\*p<0.05, vs. baseline

# Summary

- **RYGB & SG led to sustainable longer-term weight reduction in Korean adolescents with BMI > 30kg/m<sup>2</sup> offering the safety.**
- **Both procedures were equally effective on resolving the obesity-related comorbidities: hyperglycemia, hypertension, fatty liver disease, and dyslipidemia.**
- **Iron deficiency anemia and vitamin B12 deficiency should be considered after RYGB in adolescents.**

# Strength & Limitations

- The mid-term follow up outcomes in Asian obese adolescents (BMI >30kg/m<sup>2</sup>) after RYGB and SG.
- A 6–institutional multicenter data, based on KSMBS registry.
- The study included larger number of adolescents patients ever in this region.
- A retrospective study with relatively lower follow-up completion rate: probability of beta-errors in specific laboratory results & comorbidity improvement states.



