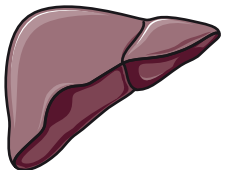
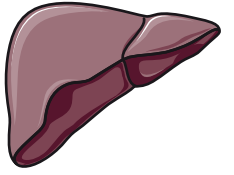


# The clinical significance of prior bariatric surgery in patients hospitalized with alcohol-related liver disease

IFSO 2023

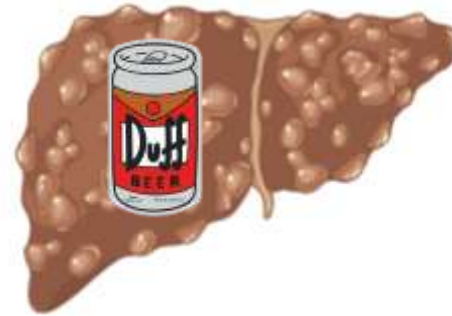
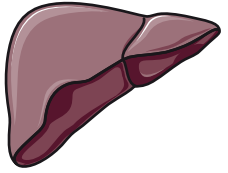
Louis Onghena, Laurissa Demeulenaere, Hans Van Vlierberghe, Yves Van Nieuwenhove, Sander Lefere, Anja Geerts





**We declare no conflict of interest**

# Demographics



299



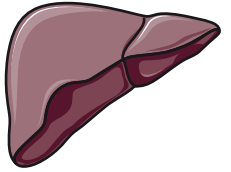
1/1/2018 – 31/12/2022



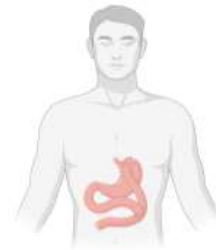
39  
13.0%



260  
87.0%

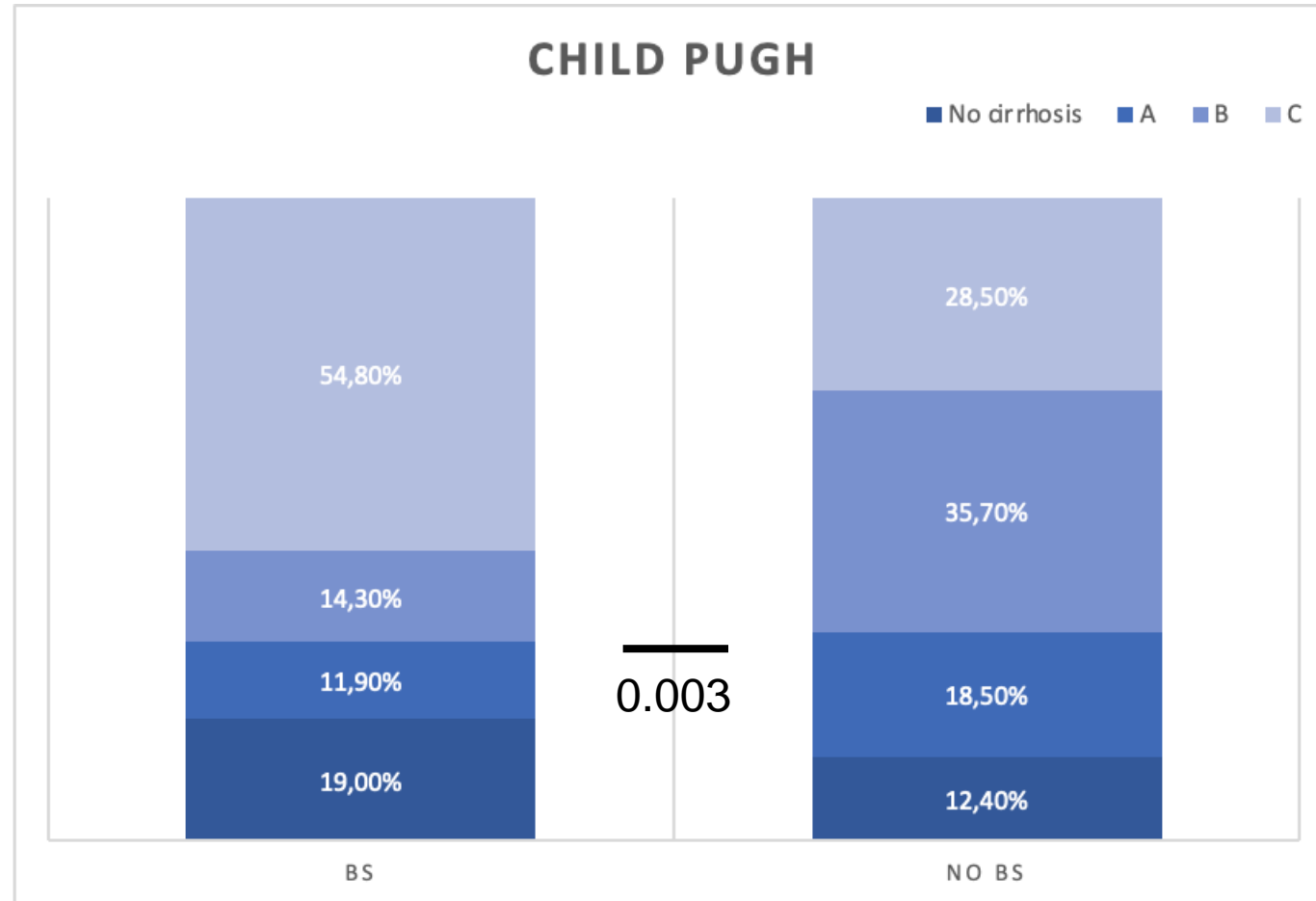


## Demographics

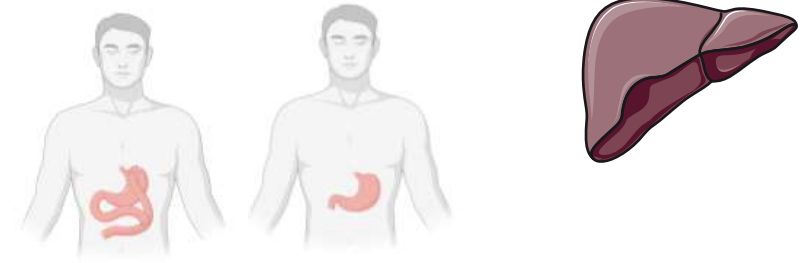


Baseline characteristic	History of BS (n=39)	No history of BS (n=260)	P-value
Gender, male/female	9/30 (23.1/76.9)	184/76 (70.8/29.2)	< 0.0001
Age at diagnosis, years	45 (37, 52)	57 (47, 64)	< 0.0001
BMI at hospitalization	26.9 ± 6.6	26.9 ± 5.7	0.989
<b>Clinical biology</b>			
ALT, U/L	114.7 ± 286.3	61.7 ± 180.5	0.059
AST, U/L	186.2 ± 629.3	89.0 ± 176.0	<b>0.022</b>
GGT, U/L	152.3 ± 176.6	252.9 ± 481.2	0.099

# Liver disease

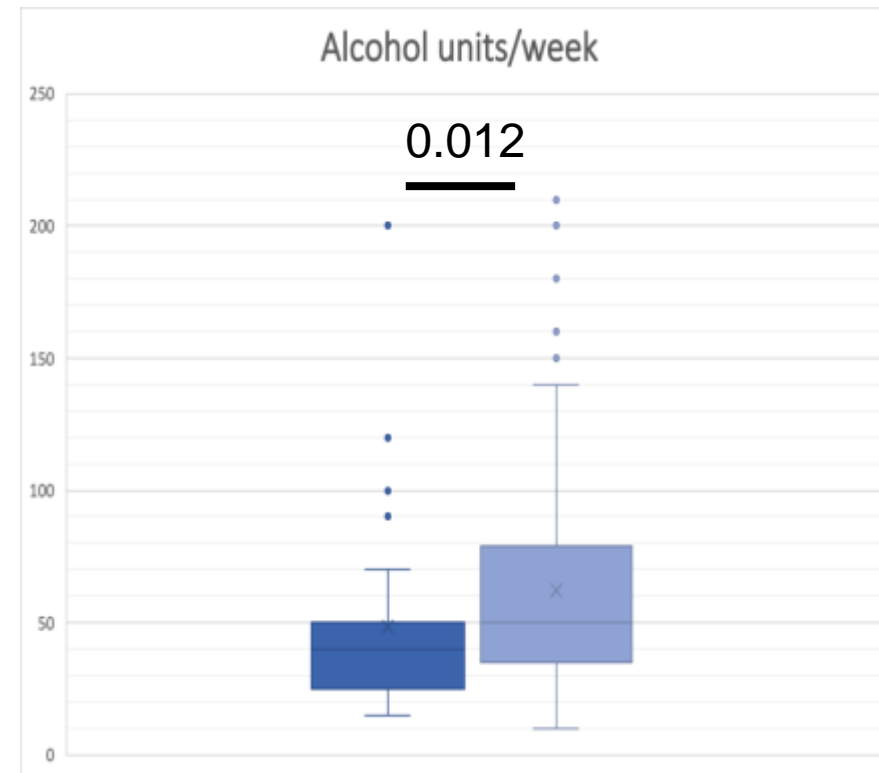
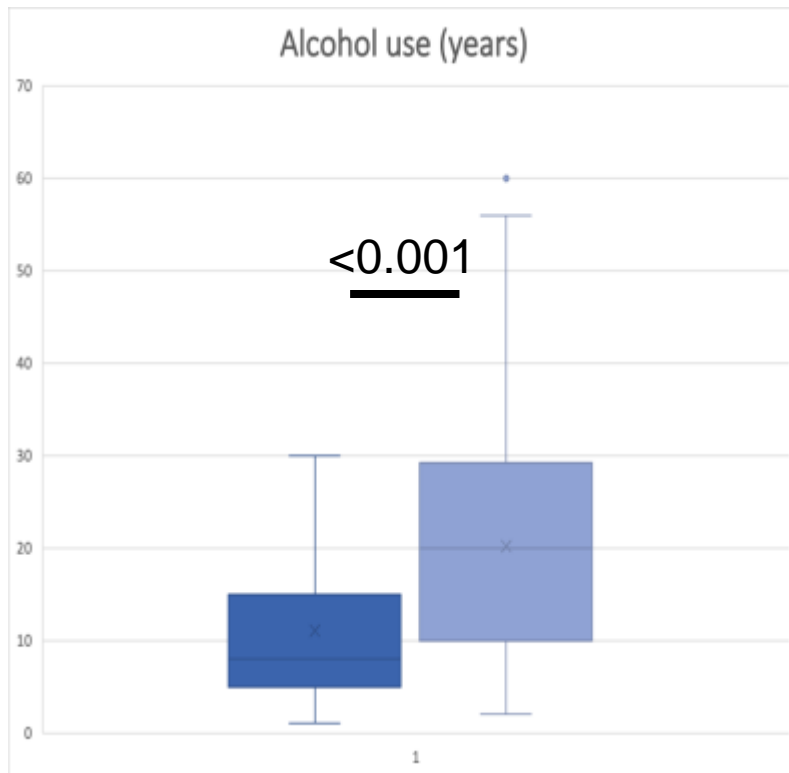


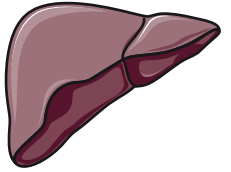
## Alcohol use



- ▶ Alcohol stop = equal (62.2% vs 60.9%)

■ BS    ■ No BS



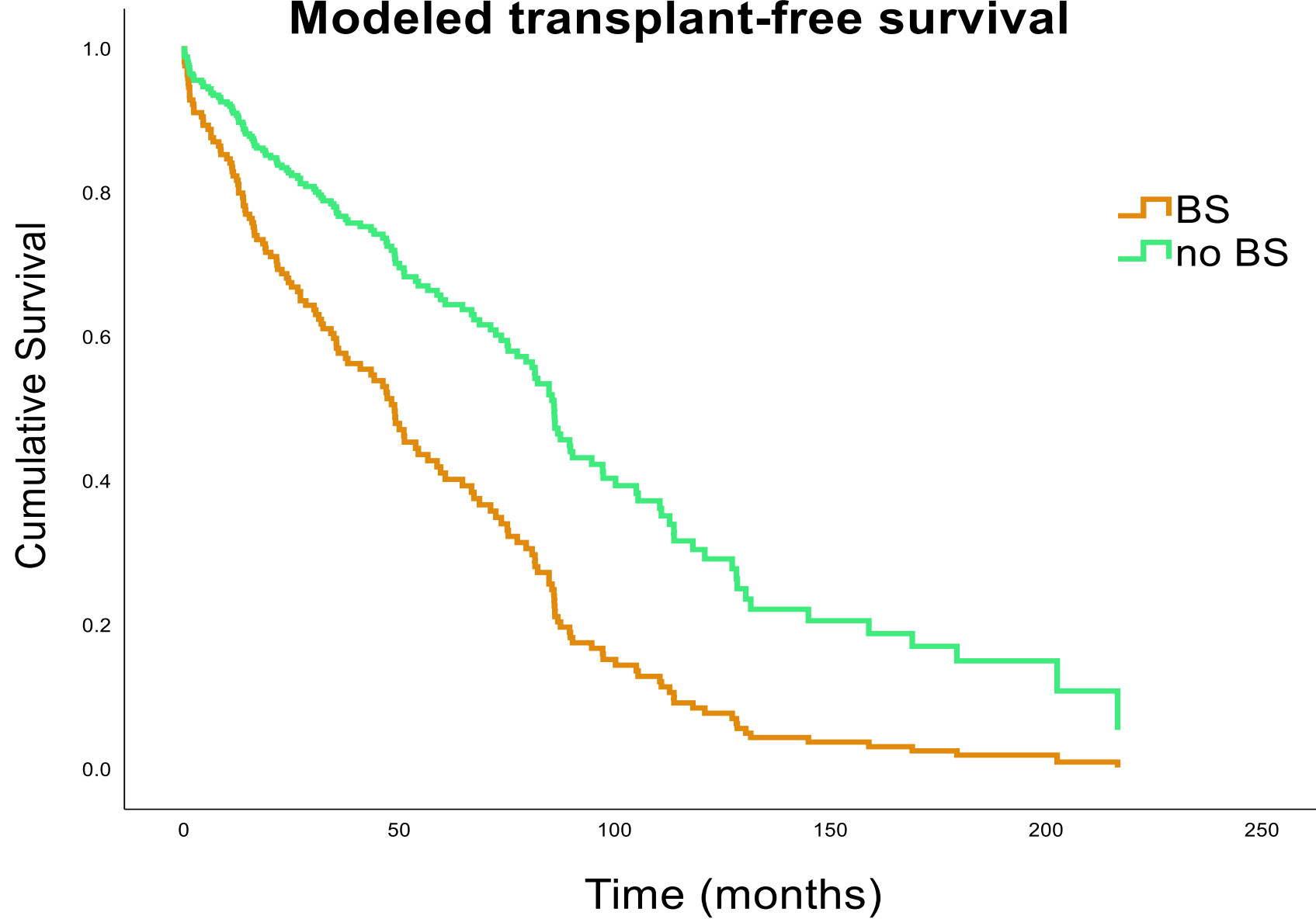


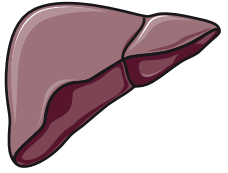
## Conversion

Types of BS	Bariatric procedures, n (%)	Conversion to RYGB, n (%)	Time in between (months)	Reason for conversion (n)	ARLD at time of conversion, n (%)
VSG	2 (4.8)	1 (50.0)	72	Weight regain (1)	1 (100.0)
GB	8 (19.0)	4 (50.0)	72, 84, 48, 72	Weight regain (4), discomfort and pyrosis (1)	1 (25.0)
OAGB	2 (4.8)	0 (0.0)	/	/	
Scopinaro	4 (9.5)	2 (50.0)	180, 48	Extreme weight loss and malnutrition (2), bile acid diarrhea (1)	1 (50.0)
Mason	1 (2.4)	1 (100.0)	60	Discomfort and pyrosis (1)	0 (0.0)
RYGB	27 (64.3)	2 (7.4) (Distalisation)	60, 48	Weight regain (2): 1 post-Mason Gastroplasty, 1 post-GB.	0 (0.0)

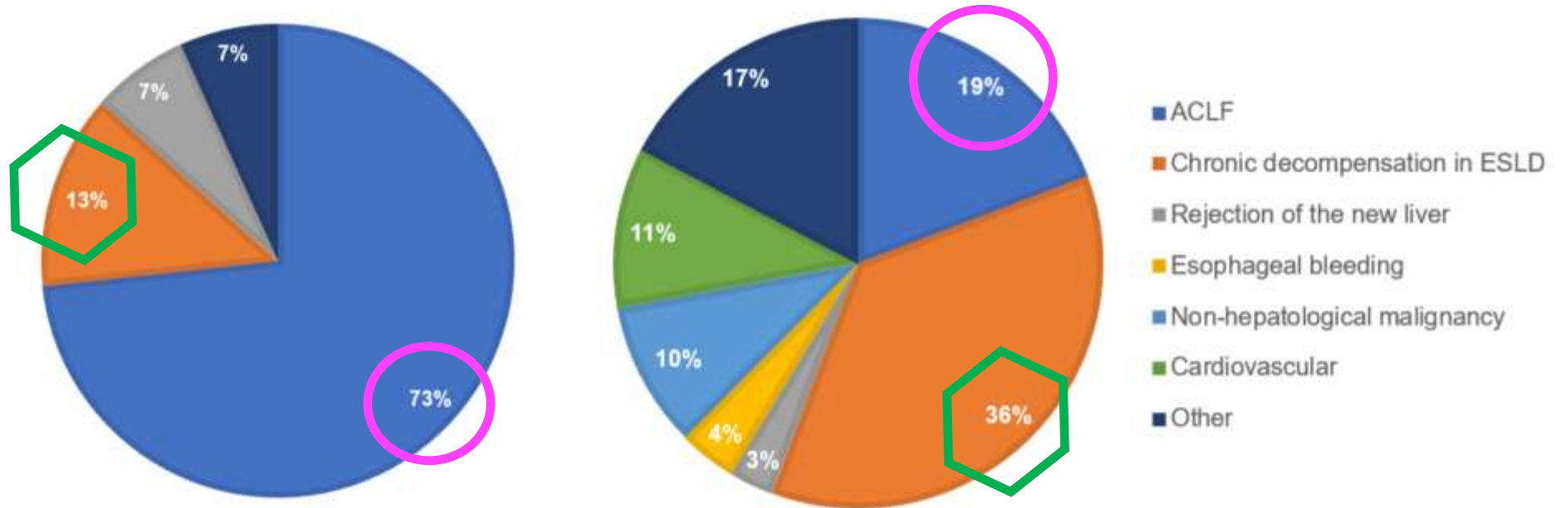
- ▶ 22.8% conversion rate, of whom 2 received a distalisation.
- ▶ No difference in survival.

# Modeled transplant-free survival

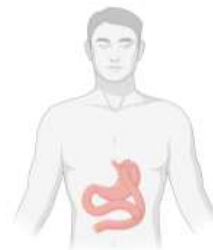


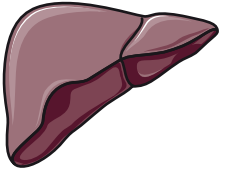


## Cause of death



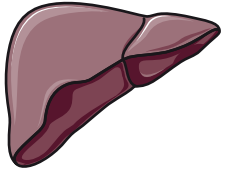
<0.0001





## Conclusion

- ▶ **Worse survival** in **younger** BS population.
  
- ▶ Alcohol effects = **disproportionate**
  - ▶ Lower amount
  - ▶ Shorter 'abuse'
  
- ▶ Alcohol intake should **always** be questioned **pre-operative** and monitored **post-operatively** by surgeons and general doctors!



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Volg ons op

