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**The Future of Obesity Management:
From Weight Loss to Health Gain**



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Type 2 Diabetes Mellitus Remission Following Metabolic Surgery in Patients with BMI <35 kg/m²: A Systematic Review and Meta-Analysis

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Disclosure Slide

The authors have no conflicts of interest to declare.

Background

- T2DM is a growing global health burden.
- Metabolic surgery improves glycemic control.
- Its role in patients with **BMI <35 kg/m²** remains controversial due to limited evidence on remission and long-term durability.

Aim

To evaluate diabetes remission following metabolic surgery in adults with BMI <35 kg/m².



Methods

Study design: Preferred Reporting Items for Systematic Review & Meta-analysis (PRISMA) guidelines

Databases: PubMed, Scopus, Web of Science, Google Scholar (searched through February 2026)

Eligibility:

- Adults with T2DM
- BMI <35 kg/m²

Included Studies

- 16 studies
- 13 in the primary meta-analysis

Analysis: Random-effects meta-analysis


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Results

- **Overall remission** is **40%** (95% CI 33–48%)

- **Highest remission during the first postoperative year**

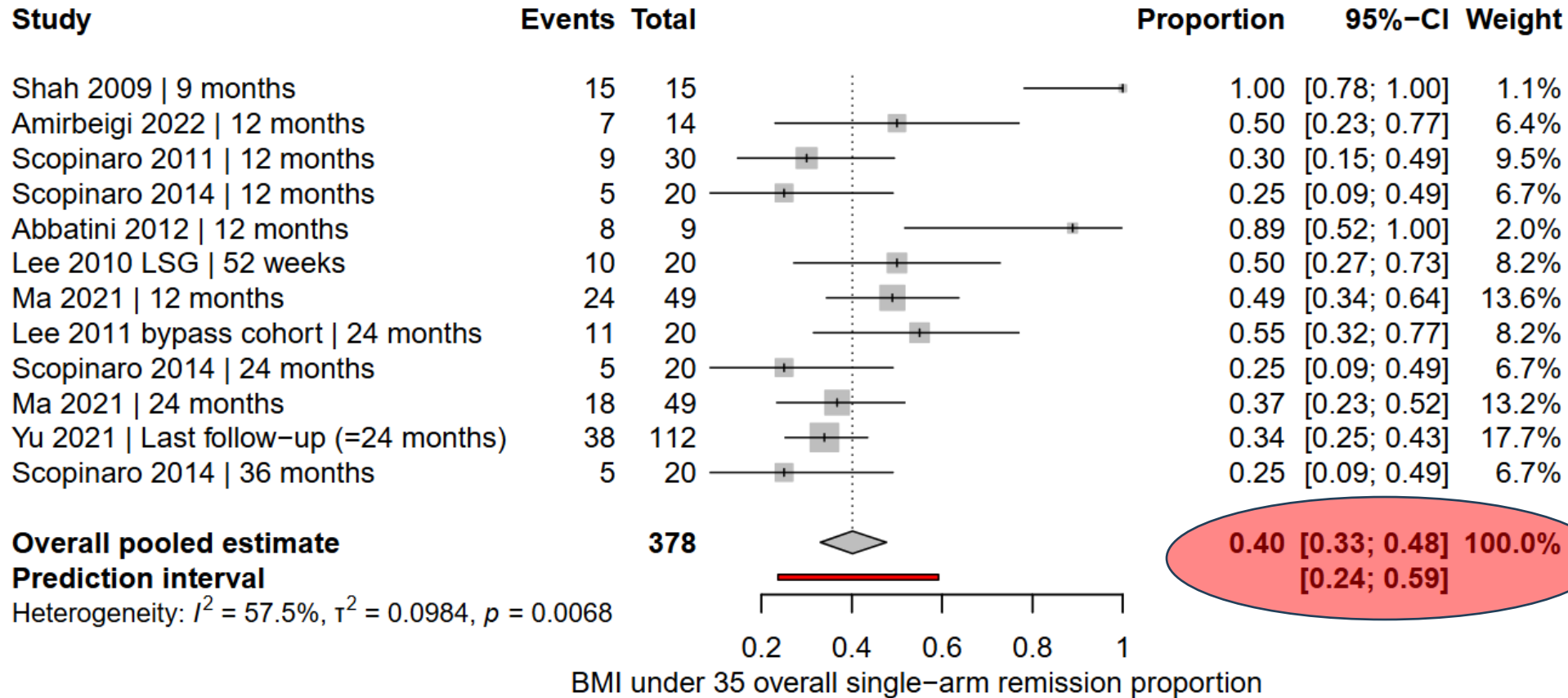
50% (6–12 months)



36% (12–24 months)



Results



Results

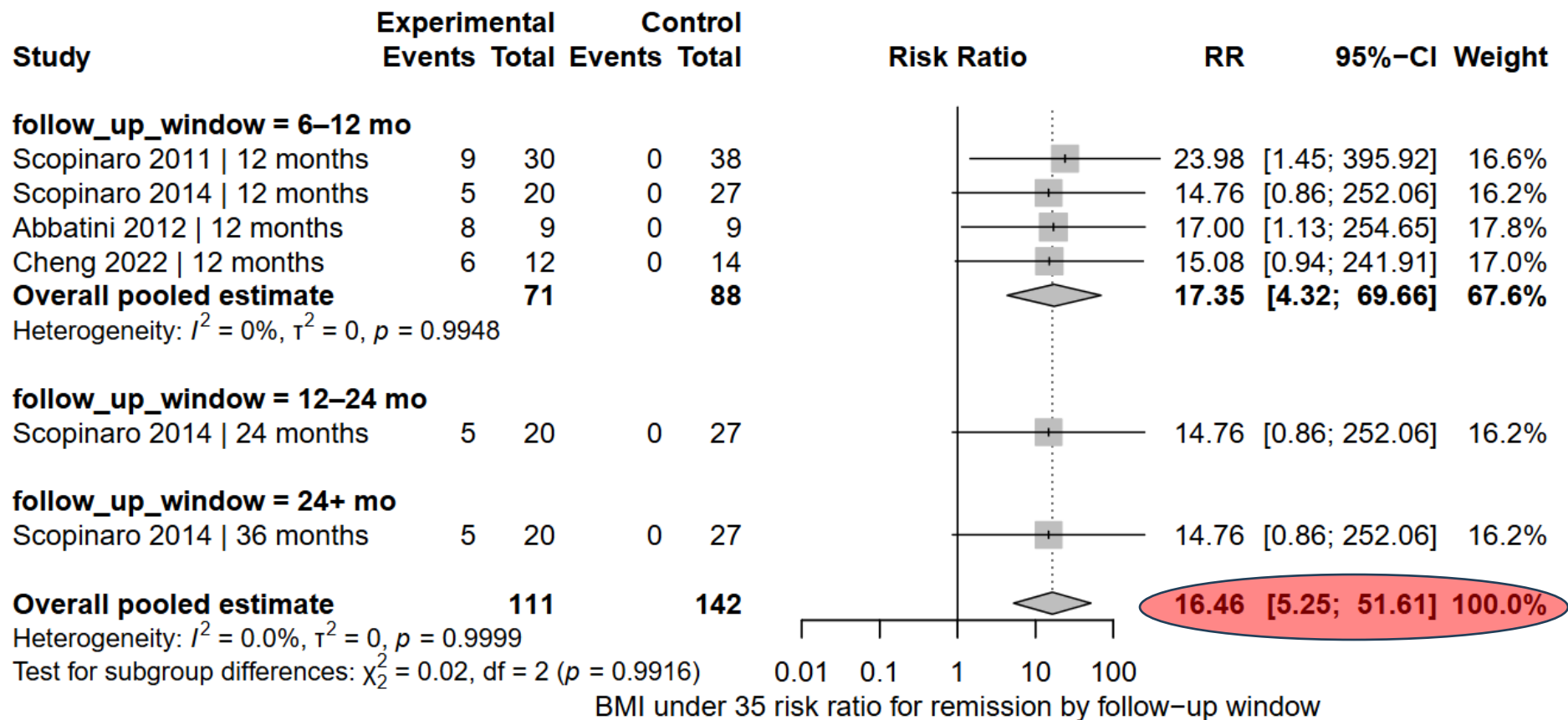
- **Risk Ratio (RR) = 16.46 (95% CI: 5.25–51.61)**

vs. non-surgical management

- Significantly favored metabolic surgery.
- No observed heterogeneity ($I^2 = 0\%$).



Results



Conclusion

- Metabolic surgery provides meaningful T2DM remission in adults with **BMI** $<35 \text{ kg/m}^2$.
- Surgery significantly out performed non-surgical treatment.
- HbA1c, fasting glucose, and BMI improved consistently.
- Long-term follow-up remains essential due to declining remission over time.





Thank You



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