PROSPECTIVE CHARACTERIZATION OF ADOLESCENTS AND YOUNG ADULTS WITH INTELLECTUAL DISABILITY PRESENTING FOR BARIATRIC SURGERY
Jaime Moore1; Thomas Inge2; Richard Boles3; 1University of Colorado School of Medicine, Aurora CO; 2Children’s Hospital CO/University of CO, Aurora CO; 3University of Colorado Sch of Medicine, Aurora CO

Background: Metabolic and bariatric surgery (MBS) is the most effective treatment for adolescent severe obesity, but is rarely considered for youth with intellectual disability (ID). Current MBS guidelines lack specificity for evaluating youth with ID and research is limited in characterizing this population. Objective: To determine the level of functioning, health, and psychosocial characteristics of adolescents/young adults with ID presenting for MBS. Setting: A single multidisciplinary adolescent MBS center

Methods: A prospective observational design was used as part of a larger, longitudinal study. Patients age 10-25 with diagnosed or suspected ID were screened. Participants/parents completed validated measures of intellectual (IQ) and adaptive functioning, parenting stress, and quality of life (QOL).

Results: Of 76 patients presenting for surgery since June 2017, 11% (n=8) were consented. Participants were all female with mean age of 17 (13-22), 75% had class 3 severe obesity, and 63% had either type 2 diabetes or prediabetes. ID etiology included autism, nonaccidental trauma, and craniopharyngioma. Mean IQ was 77 (“average intelligence”=100), and ranged from 64-91. Mean adaptive function, reflecting practical life skills, was 83 (“average”=100) and ranged from 67-111. Mean parenting stress was considered normal at the 57th%ile (range 3rd-99th%ile). Mean parent-reported QOL for their child was 60 on a scale of 0-100 (range 28-98).

Conclusions: Adolescents/young adults with ID presenting for MBS show significant variability in etiology and severity of ID and in personal and family functioning domains. Such variability presents opportunities to tailor pre and post-operative care to optimize the safety and efficacy of MBS.
THE EFFECT OF SLEEVE GASTRECTOMY ON THE UNCOUPLING PROTEINS IN ANIMAL RAT MODEL

Mohammad Jamal1; Mohamed Abu-Farha2; Ghanim Al-Khaledi3; Suleiman Al-Sabah3; Hamad Ali3; Fatemah Al-Otaibi4; Carol Dsouza4; Waleed Al-Ali3; Fahd Al-Mulla3; 1Kuwait University, Kuwait; 2Dasman Diabetes Institute, Kuwait city; 3Health Science Center, Kuwait University, Jabriya; 4Health Science Center, Kuwait University, Kuwait AS; 5Health Science Center, Kuwait University, Jabriyah AL; 6Health Science Center, Kuwait University, Kuwait

Background: Uncoupling proteins play an important role in mitochondrial inducible proton leak. They are the potential target for treating obesity and its related disease such as Type II Diabetes Mellitus. In this study we aim to know the effect of sleeve gastrectomy on various uncoupling protein such as UCP 1, UCP 2 and UCP 3 in brown adipose tissue (BAT) as well as other tissues such as White adipose tissue (WAT), Liver and Muscle by western blotting, Immunohistochemistry (IHC) and mRNA Expression.

Methods: Sprage Dowley male rats (4 weeks old) were divided in two groups: Control and Diet Induced Obesity (DIO). The control group (n=9) were fed ad libitum regular rat chow and water. The DIO group (n=14) were fed ad libitum “Cafeteria Diet”. DIO group were subdivided into 2 sub-groups at 21 weeks i.e SHAM(n=9) and sleeve gastrectomy(SG)(n=5). Animals were fasted 12-15 hours prior to surgery. Animals were sacrificed at 30 days post-surgery for collection of various tissues.

Results: By Western Blotting Upregulation of UCP 1 in BAT was observed in SG animals as compared to control and Sham animals, Significant difference seen between SG and control animals (P<0.05). No Significant difference was observed in UCP 2 and UCP 3 in BAT of control, sham and SG animals. IHC observation showed the same trend of expression of UCP 1 as in western blotting.

Conclusions: We anticipate bariatric surgery upregulates the uncoupling proteins. This anticipation needs further investigation of the UCPs in various tissue to confirm our findings.

LAPAROSCOPIC ROUX-EN-Y GASTROJEJUNOSTOMY STRicture, SERIAL Dilation, AND PERFORATION: A CASE REPORT AND REVIEW OF LITERATURE

Shinban Liu1; Derek Lim1; Corneliu Vulpe2; George Ferzli2; 1NYU Langone Hospital, Brooklyn NY; 2NYU Langone Hospital, Staten Island NY

Background: We present a case of a 33-year-old female that underwent a laparoscopic Roux-En-Y gastric bypass 5 months prior that subsequently developed a gastrojejunostomy stricture treated with endoscopic balloon dilation. Following her third balloon dilation she developed severe abdominal pain and was found to have free air on an upright abdominal x-ray. The patient was immediately brought to the operating room for a diagnostic laparoscopy which demonstrated an anterior perforation of the gastrojejunostomy anastomosis. The decision was made to revise the anastomosis by performing a stricturoplasty where the perforation was extended longitudinally and closed transversely with interrupted silk sutures to both repair the perforation and resolve the anastomotic stricture. The patient had an uncomplicated postoperative course. Gastrojejunostomy strictures are a common complication after laparoscopic Roux-En-Y gastric bypass. There are multiple factors that may lead to the formation of a stricture including marginal ulcers or technical error. Anastomotic strictures are often managed endoscopically with serial balloon dilations. However, if endoscopy fails to relieve the stricture, the patient may need to undergo a laparoscopic gastrojejunostomy revision, which can be morbid. Additionally, anastomotic perforation represents a surgical