ACHALASIA AFTER BANDED ROUX-EN-Y GASTRIC BYPASS
Mitch Paro1; Ninna Nana1; Barry Greene1;
Tuesday Cook1;1Maryland Bariatrics, Rockville MD

Background: Achalasia is an esophageal motility disorder characterized by esophageal aperistalsis and inadequate relaxation of the lower esophageal sphincter to food or liquid. It is a rare condition, but may be more prevalent in patients with a previous bariatric operation1,2. Gastric bands are known to cause pseudo-achalasia, in which a tight band mimics the failure of lower esophageal sphincter relaxation characteristic of true achalasia. While pseudo-achalasia typically resolves with band deflation or removal, Heller myotomy is the operation of choice for achalasia in patients with previous gastric bypass3. The prevalence of motility disorders in patients with gastric bands is well-established4,5, but there are no reported cases of achalasia presenting in a patient with both bypass anatomy and a gastric band. The following describes the case of a 28-year-old female who presented to our clinic with dysphagia to solids and liquids, regurgitation, and recurrent aspiration pneumonia 11 years after laparoscopic Roux-en-y gastric bypass with silastic band placement in Brazil. This was a unique diagnostic problem, as our differential diagnoses included both true achalasia and pseudo-achalasia. Evaluation included the standard workup for achalasia—an upper-GI study and esophageal manometry—but also required an endoscopy and an abdominal CT scan to rule out pseudo-achalasia. Once the final diagnosis of true achalasia was confirmed, the patient underwent a Heller myotomy with complete resolution of symptoms. We hope to emphasize that care should be taken to rule out achalasia in the evaluation of patients with dysphagia after bariatric surgery, even when pseudo-achalasia is suspected.

IMPACT OF WEIGHT LOSS ON BODY IMAGE PERCEPTION OF PATIENTS SUBMITTED TO GASTRIC BYPASS
Glauco Alencar1; Denise Moura1; cristina moraes1;
Luciana Patias1; Ana Cristina MACHADO1;1Federal University of Santa Maria, santa maria; 2Catolic Pontificia Universidade de RS, Santa Maria - RS - Brasil; 3Franciscana University UFN, Santa Maria

Background: Body image is a multidimensional construct that is influenced by several factors, being considered the mental representation of body contours and covers physiological, social, affective and libidinal aspects. The objective of this study was to follow the impact of weight loss, induced by gastric bypass bariatric surgery, on the perception of the body image of patients in the pre and postoperative periods of 6 months.

Methods: Observational study of a longitudinal design, carried out in a private clinic in the South of Brazil. The sample consisted of 104 subjects submitted to gastric bypass. The perception of the corporal image was realized through the Brazilian scale of silhouettes for adults, adapted by Kakeshita. Anthropometric data (weight, height, BMI) were obtained through chart analysis. Follow-up occurred in the pre- and postoperative periods of 6 months. Approved by the Research Ethics Committee of the Franciscan University: 1,830,670.

Results: The study consisted of 104 patients, with a mean age of 38.59 (±9.98) years, of which 85 (81.7%) were female and 19 (18.3%) were male. The mean value of the percentage of excess weight loss (%EWL) of patients between preoperative and postoperative was 77.35% (± 16.70). Body image distortion was 81.7% in the pre and 77.1% in the postoperative period. The correlation between weight loss and body image distortion was considered to be very low (rs: 0.008, p = 0.957).

Conclusions: Gastric bypass-induced weight loss did not impact body image distortion in bariatric patients, and most patients remained distorted postoperatively.

SURGICAL TREATMENT OF POSTPRANDIAL HYPERINSULINEMIC HYPOGLYCEMIA AFTER GASTRIC BY PASS: IS IT EFFICIENT?
AMINAH ELOUYYOUSFI1; MAUD ROBERT2; EMMANUEL DISSE1; HELENE VERKINDT1; ELISE PELACISI1; FREDERIC BOREL1; FRANCOIS PATTOU1; ROBERT CAIAZZO1; 1CHU Lille, Lille; 2Hospices civils de Lyon, Lyon; 3Hospices civils de Lyon, Pierre-Bénite

Background: Post-prandial hyperinsulinemic hypoglycemia (PHH) is a potential late complication of gastric bypass (GBP). To assess objectively the impact of GBP reversal (GBPr) or restrictive surgery (GBP banding (GBPb) and Gastrojejunal anastomosis resizing (GJAr)) on symptoms (SIGSTAD score) and biological characteristics of hypoglycemia.

Methods: Our retrospective, bicentric, study was conducted between May 2012 and December 2018. We included consecutive patients who had pre and post-operative Glucose Continuous Monitoring (CGM), a validated tool for PHH diagnosis. We analyzed number of hypoglycemia episodes, glycemic variability represented by Standard Deviation (SD) and Mean Amplitude Glucose Excursion (MAGE). The risk of occurrence of hypoglycemia was evaluated by the Low Blood Glucose Index (LBGI).

Results: Eight patients were included (GBPr=4; GBPb=3; GJAr=2). One patient who underwent 2 interventions was included in both groups. After surgery, the mean SIGSTAD score decreased from 15.4±3.5 to 6.6±2.6 (p=0.008) with a disappearance of severe episodes of PHH (glycemia<40 mg/L). We observed a significant decrease of LBGI from 4.5±1.5 to 2.7±1.4 (p=0.01). Glycemic variability was not modified after surgery (pre vs post: SD, p=0.93; MAGE, p>0.9). The mean time spent with a low blood glucose <70mg/L decreased after surgery from 16.7% to 8.3% (p=0.09).

Conclusions: Mean duration of hypoglycemia and hypoglycemia risk decreased after surgery but glycemic variability was not modified. Larger study population is needed to consolidate our preliminary results.