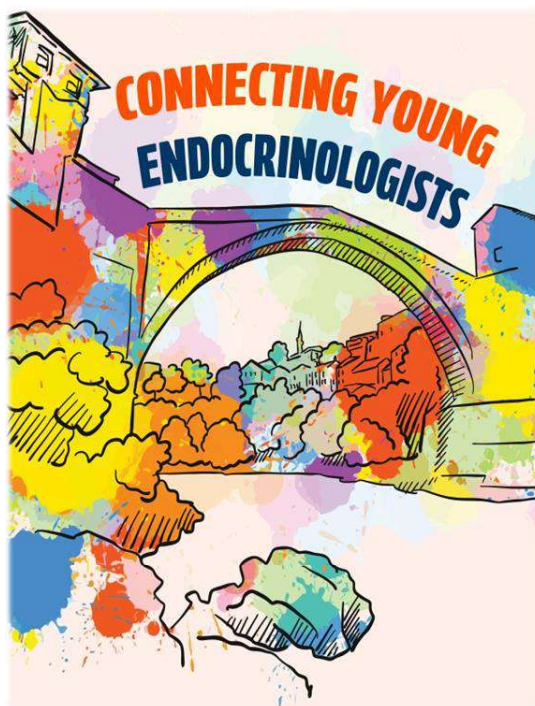




Peti regionalni simpozij mladih endokrinologa

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Remission of obesity-related comorbidities after bariatric surgery: a case report

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Introduction: Bariatric surgery is no longer considered only weight loss surgery but also a way of treating obesity-related comorbidities. We present the outcome of sleeve gastrectomy in patient with severe obesity, T2DM, arterial hypertension (AH), and chronic kidney disease (CKD).

Case report: A woman was diagnosed with T2DM at the age of 21 and for the first two years was treated with metformin. However, as her glycemic control worsened, basal insulin was introduced. Over the next 3–4 years, she gained 20 kg, necessitating the addition of bolus doses of rapid-acting insulin. At her first consultation, 10 years after initiating basal-bolus insulin therapy, she had a BMI of 39.8 kg/m². Her HbA1c was 9.38%, and she required 110 units of insulin daily, without metformin, due to gastrointestinal intolerance. She was taking three antihypertensive medications and was diagnosed with stage IIIb CKD. She desired but was refused from bariatric surgery due to her advanced CKD. At this point, she was placed on a diet, and subcutaneous semaglutide was introduced. Over the next 8 months, she lost 15 kg, achieved target HbA1c, and experienced significant improvement in creatinine levels. A sleeve gastrectomy followed and an additional loss of 20 kg. After surgery, insulin therapy was discontinued due to hypoglycemia, and a DPP-4 inhibitor was briefly introduced. Today, she is free from diabetes, AH, and CKD.

Conclusion: Weight loss is crucial for the reduction of obesity-related complications, so bariatric surgery leads to remission of T2DM, AH, and CKD in severely obese individuals.

Keywords: bariatric surgery, obesity, type 2 diabetes.