Too much of a good thing might be bad: Liver failure

after too long BPL: Diagnosis

and treatment

Ricardo Cohen

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President-Elect, IFSO Global

Past President, SBCBM, 2011-2012

Past President IFSO LAC, 2018-2019



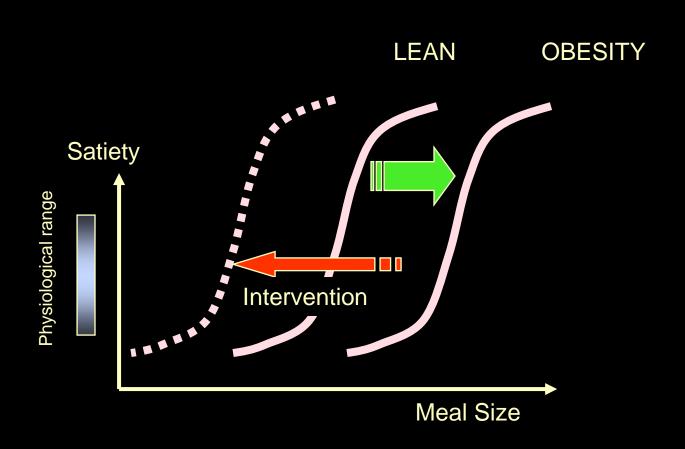
Disclosures

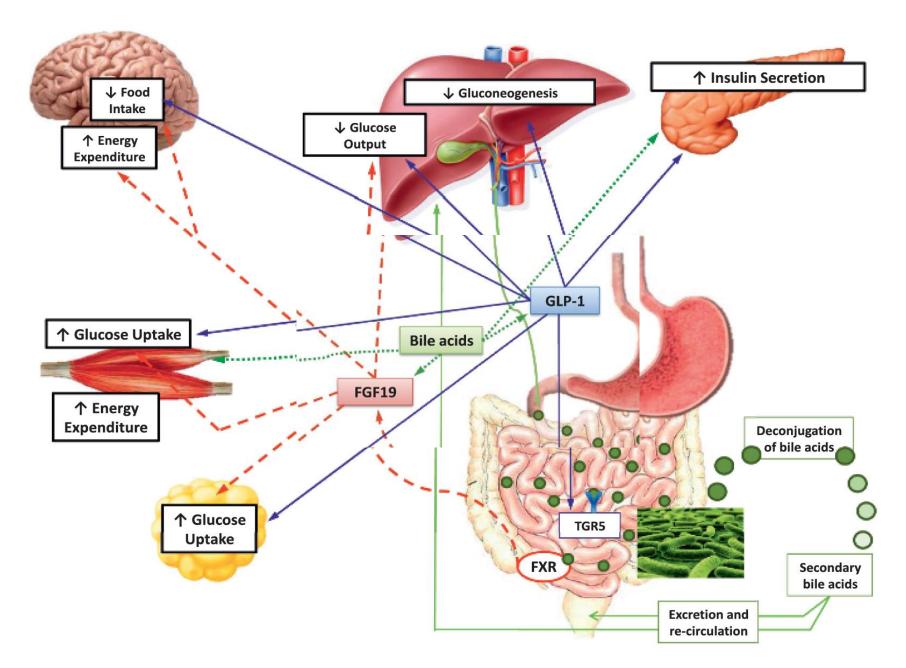
- Research Grant, J&J Medthech, Brasil
- Research Grant, Medtronic
- Research Grant, GI Dynamics
- Research Grant, Hospital Oswaldo Cruz Bioscience Institute
- SAB: Morphic Medical, JJ Medical, NovoNordisk, Medtronic
- Speaker: J&J Medtech, Medtronic, NovoNordisk





Satiety dose response curve

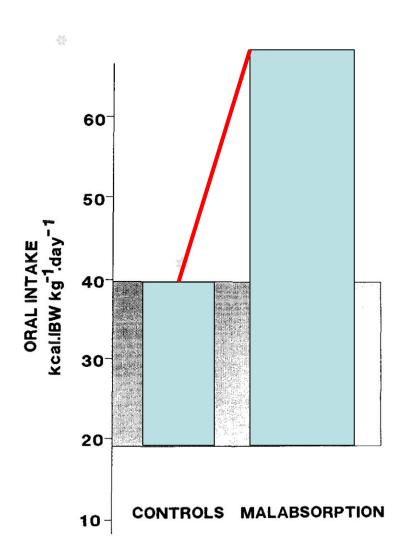




Baterham & Cummings, 2016



Malabsorption after major bowel resection is associated to hyperphagia

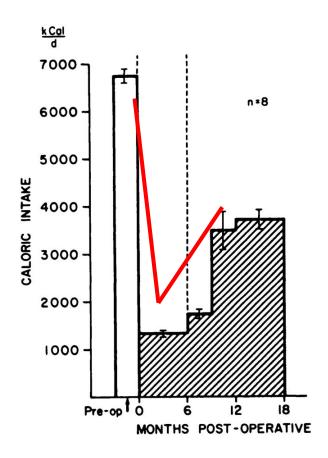


Intestinal bypass surgery for obesity decreases food intake and taste preferences¹

George A. Bray,^{2, 3} M.D., Ralph E. Barry,⁴ M.D., John R. Benfield,⁵ M.D., Pietro Castelnuovo-Tedesco,⁶ M.D., and Judith Rodin,⁷ Ph.D.

Intl J Obes, 1976

- JI bypass is a truly malabsorptive procedure
- ✓ Food intake decreases, different from major bowel resection

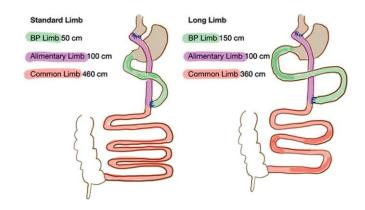


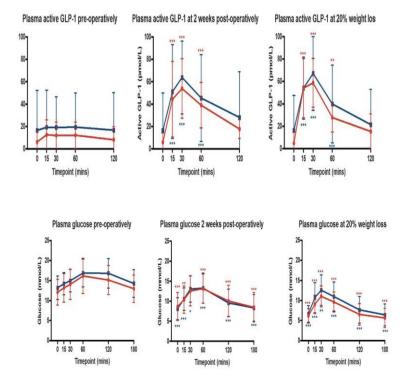
The Effect of Standard Versus Longer Intestinal Bypass on GLP-1 Regulation and Glucose Metabolism in Patients With Type 2 Diabetes Undergoing Roux-en-Y Gastric Bypass: The Long-Limb Study

Diabetes Care 2021;44:1082–1090 | https://doi.org/10.2337/dc20-0762

Alexander Dimitri Miras,¹
Anna Kamocka,¹ Belén Pérez-Pevida,¹
Sanjay Purkayastha,² Krishna Moorthy,²
Ameet Patel,³ Harvinder Chahal,¹
Gary Frost,¹ Paul Bassett,⁴
Lidia Castagnetto-Gissey,³ Lucy Coppin,⁵
Nicola Jackson,⁵ Anne Margot Umpleby,⁵
Stephen Robert Bloom,¹ Tricia Tan,¹
Ahmed Rashid Ahmed,¹ and
Francesco Rubino³

Longer BP limb and shorter common limb would trigger lleal stimulation and GLP1 secretion" ileal brake"





Adding malabsorption

Review article

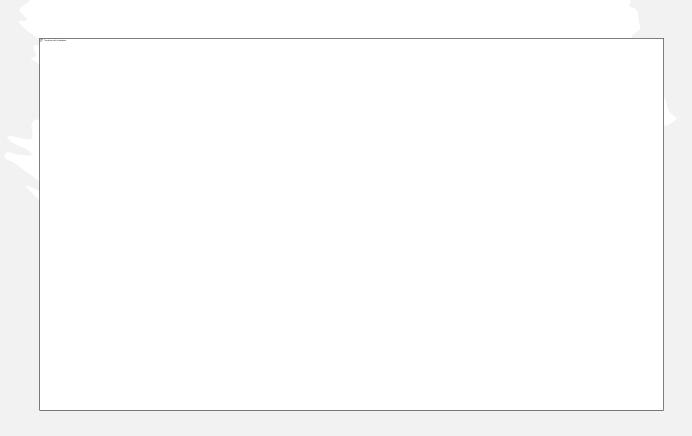
American Society for Metabolic and Bariatric Surgery literature review on the effect of Roux-en-Y gastric bypass limb lengths on outcomes

Essa M. Aleassa, M.D.^{a,*}, Pavlos Papasavas, M.D.^b, Toms Augustin, M.D.^c, Zhamak Khorgami, M.D.^d, Sue Benson-Davies, Ph.D.^e, Saber Ghiassi, M.D.^f, Jonathan Carter, M.D.^g, Abdelrahman Nimeri, M.D.^h, Clinical Issues Committee of the American Society for Metabolic and Bariatric Surgery

May eventually improve WL, WITH EXPONENCIAL RISKS OF MALNUTRITION



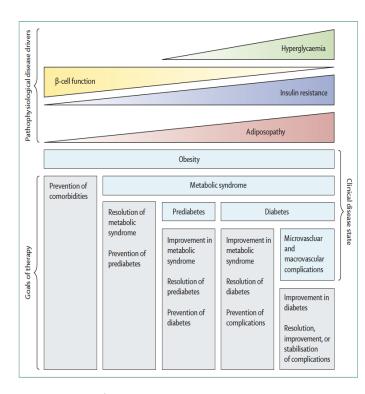
HOW MUCH WEIGHT DO WE NEED to improve health?



Important Endpoints

- ✓ Sustained WL> 15%
 - √ Lipid control
 - √ BP control
 - √ Glycemic control
 - ✓ MASH outcomes
- ✓ Microvascular complications control/resolution
 - ✓ Prevention of fatal and non-fatal CV events

√ Safety



Lingvay I CohenRV, Lancet 2022

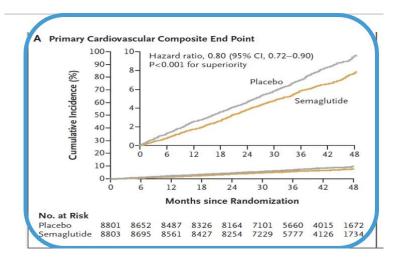
ORIGINAL ARTICLE

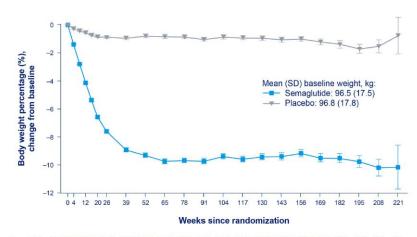
Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes

Select RCT

A. Michael Lincoff, M.D., Kirstine Brown-Frandsen, M.D., Helen M. Colhoun, M.D., John Deanfield, M.D., Scott S. Emerson, M.D., Ph.D., Sille Esbjerg, M.Sc., Søren Hardt-Lindberg, M.D., Ph.D., G. Kees Hovingh, M.D., Ph.D.,
 Steven E. Kahn, M.B., Ch.B., Robert F. Kushner, M.D., Ildiko Lingvay, M.D., M.P.H., Tugce K. Oral, M.D., Marie M. Michelsen, M.D., Ph.D., Jorge Plutzky, M.D., Christoffer W. Tornøe, Ph.D., and Donna H. Ryan, M.D., for the SELECT Trial Investigators*

NEJM, Nov 2023





Semaglutide, N 8,803 7,647 7,493 6,690 7,290 6,447 7,282 6,460 7,474 5,991 5,898 4,686 5,085 3,650 2,954 1,737 921 157
Placebo, N 8,801 7,715 7,516 6,704 7,269 6,340 7,272 6,392 7,378 5,871 5,879 4,583 5,014 3,560 2,890 1,698 898 152

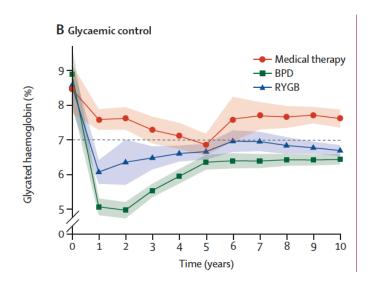
20% CV events

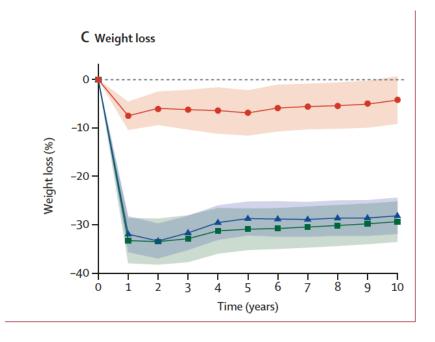
~9.8%TBWL



Metabolic surgery versus conventional medical therapy in patients with type 2 diabetes: 10-year follow-up of an open-label, single-centre, randomised controlled trial

Geltrude Mingrone, Simona Panunzi, Andrea De Gaetano, Caterina Guidone, Amerigo Iaconelli, Esmeralda Capristo, Ghassan Chamseddine, Stefan R Bornstein, Francesco Rubino





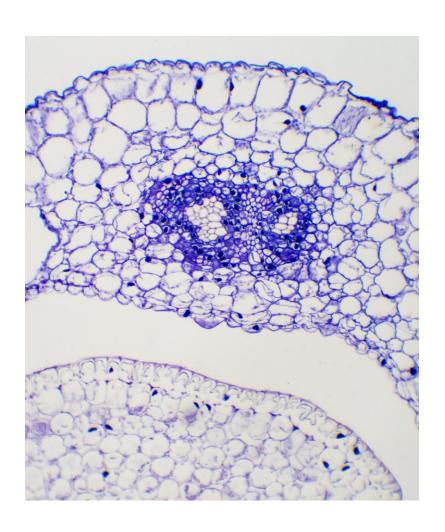
BPD carries significant nutrition problems without significantly better outcomes

	BPD group				RYGB group			
	0–2 years	2–5 years	5–10 years	10-year total	0–2 years	2–5 years	5–10 years	10-year total
Major 30-day postoperative co	omplications	5						
Deep vein thrombosis or pulmonary embolism	1	0	0	1	1	0	0	1
Atrial fibrillation episode	1	0	0	1	0	0	0	0
Late surgical complications								
Intestinal occlusion	0	0	0	0	1	0	0	1
Incisional hernia	1	0	0	1	0	0	0	0
Recurrent or chronic diarrhoea	12	10	8	30	0	0	0	0
Nutritional or metabolic comp	olications		L				L	
Iron-deficiency anaemia	0	5	3	-0	0	3	2	5
Hypoalbuminaemia, plasma albumin <3·5 mg/dL	0	3	2	5	0	0	0	0
Osteopenia*	0	3	3	6	0	1	1	2
Osteoporosis†	0	1	2	3	0	0	0	0
Transient nyctalopia	0	1	2	3	0	0	0	0
Renal calculus	0	2	1	3	0	0	0	0
Symptomatic hypoglycaemia‡	0	0	0	0	0	2§	0	2

20% of hypoalbuminemia @10y

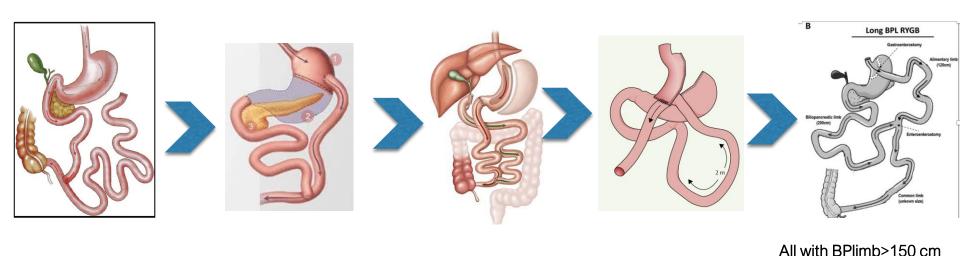
Liver failure after MBS

- Scant literature
- Case reports
- Small series
- Under reported(??)



Liver failure after MBS

20 months to > 20 years



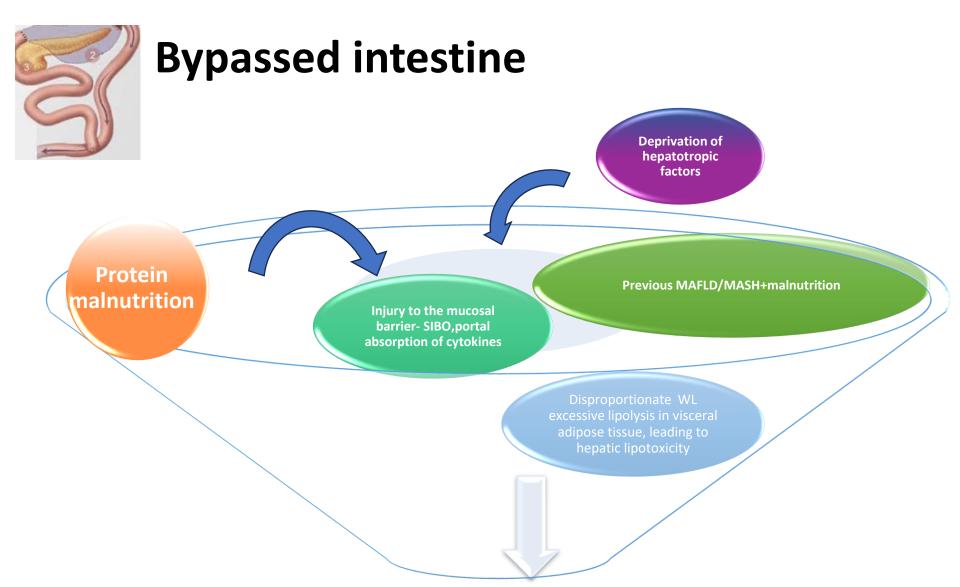
SASI,TBP,SADI-S



Not enough FU time or published literature

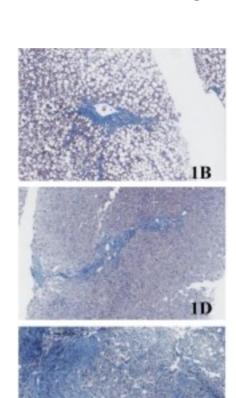
Mechanisms





Acute liver failure

Liver dysfunction charecteristics after MBS



- Moderate increase in liver enzymes (70%)
- Hepatosplenomegaly (80%)
- Thrombocytopenia (70%)
- Impaired coagulation parameters (80%)
- Hypoalbuminemia (100%)
- Sarcopenia (60%).
- At later stages:
- Ascites (70%)
- Pleural effusions (30%)
- Hepatic encephalopathy (30%),
- Hepatorenal syndrome (10%),
- Upper gastrointestinal bleeding (20%).

MANAGEMENT

- ✓ Intensive nutritional support
- ✓Increasing the length of the common channel major SAEs
- ✓ Reversal to normal anatomy
- ✓ Liver transplantation + increasing the lenght of the common channel





Surgery for Obesity and Related Diseases 15 (2019) 1394-1401

Review article

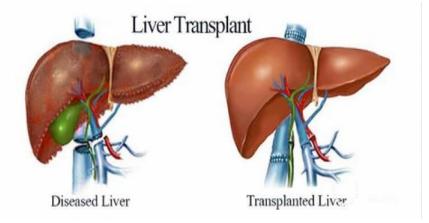
Liver transplantation for bariatric surgery-related liver failure: a systematic review of a rare condition

Pietro Addeo, M.D. ^{a,*}, Manuela Cesaretti, M.D., Ph.D. ^b, Rodolphe Anty, M.D., Ph.D. ^{c,d}, Antonio Iannelli, M.D., Ph.D. ^{b,c}

√ 14 studies, 36 listed for LT, 32 underwent the procedure and 4 died in the waiting list

✓ 12% Mortality rate









Surgery for Obesity and Related Diseases 15 (2019) 1394-1401

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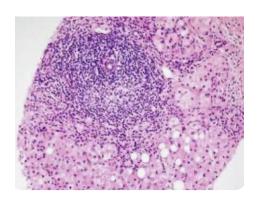
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Pietro Addeo, M.D. ^{a,*}, Manuela Cesaretti, M.D., Ph.D. ^b, Rodolphe Anty, M.D., Ph.D. ^{c,d}, Antonio Iannelli, M.D., Ph.D. ^{b,c}

Key histological findings of the explanted liver

- **✓** Severe steatosis
- ✓ Portal inflammation
- ✓ Bile duct damage







Back to the future: malabsorption is the Achilles' heel of hypoabsorptive metabolic/bariatric procedures

Ricardo V. Cohen^{1,*} D, Paulina Salminen^{2,3} D, Philip R. Schauer⁴ and Francesco Rubino⁵

¹Centre for Obesity and Diabetes, Oswaldo Cruz German Hospital, Sao Paulo, Brazil

²Division of Digestive Surgery and Urology, Turku University Hospital, Turku, Finland

³Department of Surgery, University of Turku, Turku, Finland

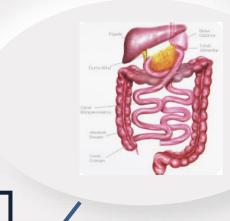
⁴Metamor Institute, Pennington Biomedical Research Center, Baton Rouge, LA, USA

⁵Bariatric and Metabolic Surgery, King's College Hospital, London, UK

> Surg Obes Relat Dis. 2023 Oct;19(10):1110-1117. doi: 10.1016/j.soard.2023.04.300. Epub 2023 Apr 11.

Pyrrhic victory? Long-term results of biliopancreatic diversion on patients with type 2 diabetes and severe obesity

Francesco Papadia ¹, Flavia Carlini ¹, Gaia Longo ¹, Alice Rubartelli ¹, Micaela Battistini ², Beatrice Drago ¹, Gian Franco Adami ³, Giuseppe Marinari ⁴, Giovanni Camerini ¹



Outstanding WL and glycemic control, 20 years FU

173 paired non-operated

- √ 19% micro and macrovascular complications
- √ 13% mortality

173 Operated

61% severe complications, mostly nutritional and hepatic

27% mortality

At the long-term is safer to avoid surgery

