Yong Wang, Shiran Wu, The Fourth Affiliated Hospital of China Medical University

Risk factors of acute gouty attack in the short term after bariatric surgery

Presenter: Yong Wang, The Fourth Affiliated Hospital of China Medical University

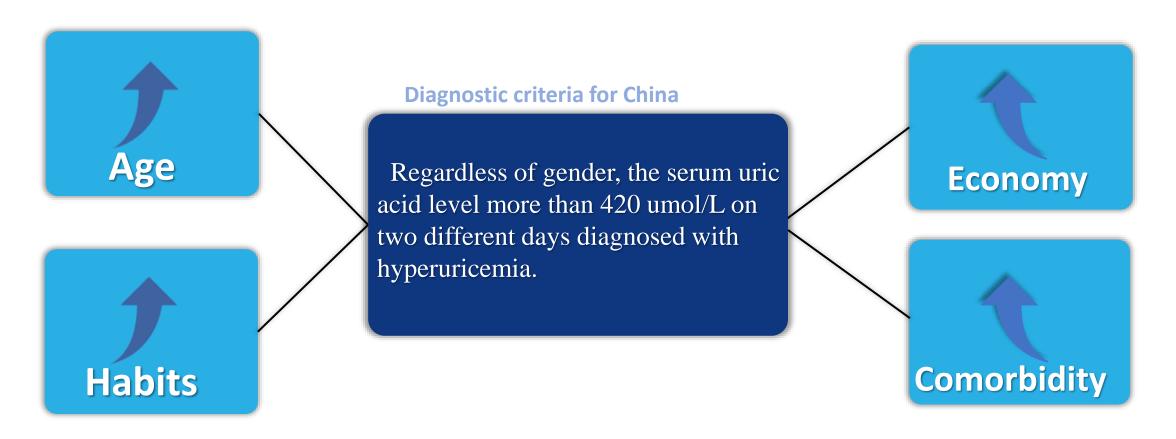


Content

- Hyperuricemia and Gout
- Hyperuricemia and Metabolic syndrome
- Gout and Metabolic syndrome
- Gout after surgical procedures
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- Discussion about the management and treatment of postoperative gout

IFSO

Hyperuricemia



Hyperuricemia accounts for about 18.7% of the total population in China, and the population is getting younger and younger year by year. According to previous studies, it is significantly correlated with body mass index (BMI).

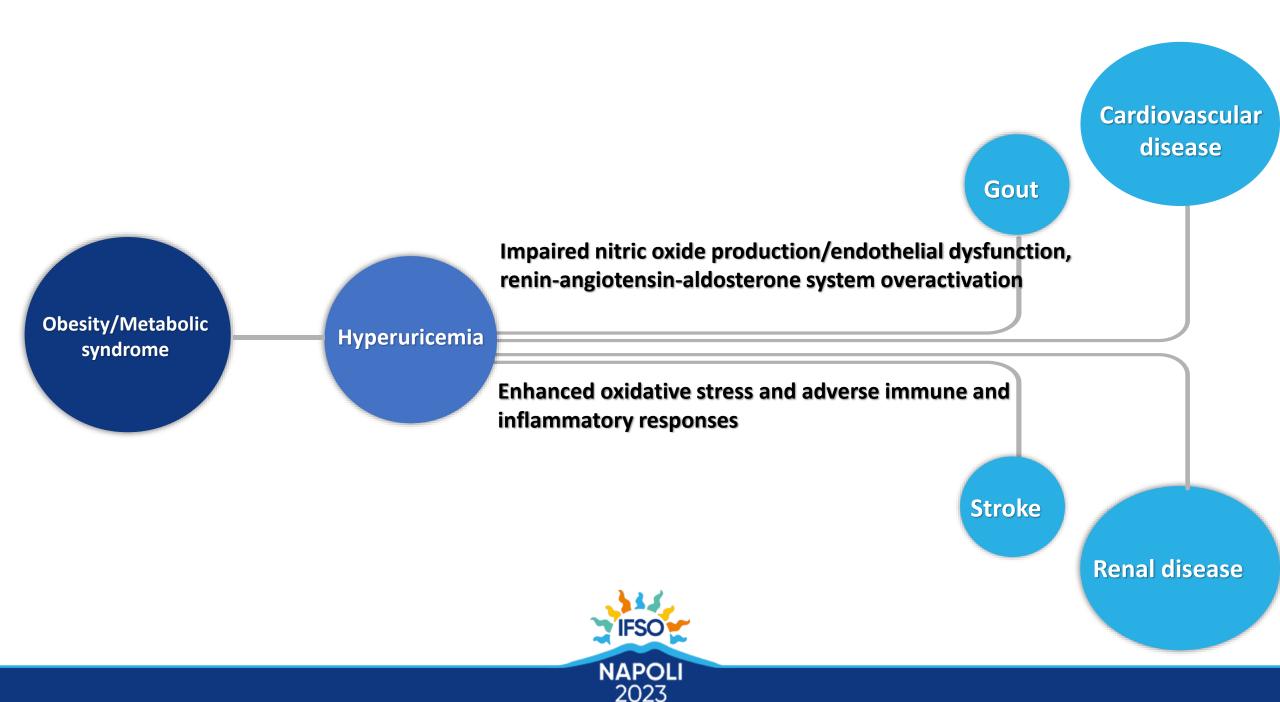
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Gout

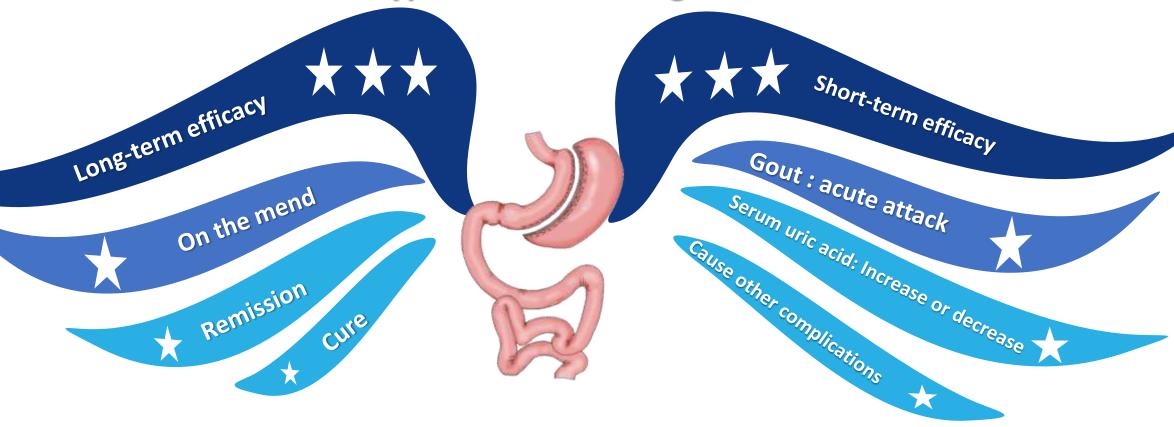


The prevalence of metabolic syndrome was 62.8% in patients with gout and 25.4% in patients without gout.





Efficacy of bariatric and metabolic surgery on hyperuricemia and gout



In addition to the damage to joint function and organic damage caused by sodium urate crystal deposition in the later stage, gout attack after surgery will also increase the days in bed, the length of hospital stay and the use of antibiotics, which is not conducive to the rapid recovery of patients, reduce the quality of life and satisfaction with surgery.

Long-term efficacy

From 23.8% of patients with at least one occurrence 1 year before surgery, the incidence decreased to only 8% 1 year after surgery.

- The reduced incidence of gout after bariatric surgery is associated with weight loss.
- Serum uric acid decreased significantly 3 months after bariatric surgery, and the decrease of BMI was significantly correlated with the decrease of serum uric acid level. The prevalence of HUA decreased from 9.5% before surgery to 6%, 5% and 3% at 1, 2 and 3 years after surgery, respectively.

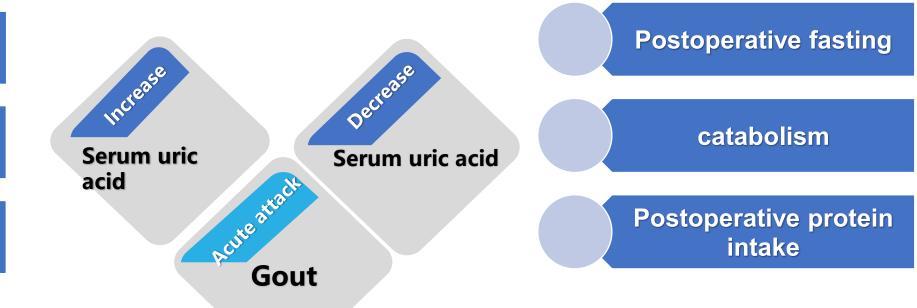
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Short-term efficacy

Parenteral nutrition

Renal function

Postoperative water intake



Patients with gout within 1 month after bariatric surgery are highly susceptible to sudden gout, with an

incidence of about 33% to 40%. The incidence of postoperative gout is 10 times higher than that of other upper abdominal surgeries



What are the independent risk factors for gout attack in the short term after bariatric surgery?

Catabolism causes an increase in purine production ?

A Postoperative acute gout attacks in the short term D

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Decreased water consumption?

Surgery caused systemic inflammatory response?

High protein diet recommended after bariatric surgery?

Experimental object

Patients who had been diagnosed with gout before admission or had a first gout attack diagnosed by a specialist after surgery

Regular reexamination and follow-up were performed after operation

Exclusion Inclusion Criteria Criteria

Patients were excluded if they were in a gout flare state on admission

Patients who were lost to follow-up or did not cooperate with the follow-up examination were excluded

Those with serious liver and kidney diseases, severe mental diseases and no independent behavior ability were excluded

Follow the doctor's advice on diet and exercise after operation



 Gout attack within 1 month after No gout attack within 1 month after Grouping surgery: attack group surgery: no-attack group **Gout related Baseline** indicators data Routine examination **Questionnaire survey** History of gout, whether they had attacks in the year before surgery and the number of attacks, whether they had peak pain during attacks, the time to peak Age, gender, smoking and drinking status, BMII, waist-to-hip ratio, hypertension, diabetes, etc.Preoperative serum uric acid, creatinine, urea, OGTT test results pain and the duration of peak pain, the duration of the last attack before and other biochemical indicators. Insulin resistance index which is calculated as admission, the location and number of joints affected by the last attack before HOMA-IR= fasting insulin (uU/mL)* fasting blood glucose (mmol/L)/22.5. surgery, whether they had gout nodules, The number and size of gout nodules SUA at 1 month after surgery, absolute change in SUA, creatinine, urea, weight and the medication during gout attacks before operation; Duration of loss at 1 month after surgery: EWL% at 1 month after surgery.

postoperative onset, site and number of postoperative affected joints and duration of postoperative peak pain.

Differences risk factors

betwee Statistical analysis results acute

two groups of patients

- T test, chi-square test and Mann-Whitney test were used
- P<0.05 : C-peptide for 60min; the preoperative history of gout; number of attacks within 1 year before surgery; medication during the preoperative attack

and postoperativ

a diffarances

- Paired T test
- P<0.05 : **Postoperative** peak pain is longer.

gout attack in the short

- Multiple Logistic analysis
- P<0.05 : Absolute change of uric acid within 1 month after surgery; number of attacks within 1 year before surgery



The absolute value of serum uric acid change was high within 1 month after operation; Vigorous insulin secretion was observed 1 hour after ingestion

There were many kinds of drugs taken before operation

 Mainly young and middle-aged men, all were centripetal obese with insulin resistance



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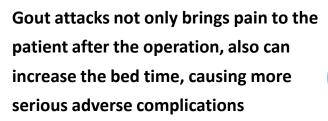
- Preoperative long history of gout and occurred frequently in the year before surgery
- Single joint attack ,the lower limbs are dominant and the ankle joints are most common. The involved joints are significantly correlated with those previously involved
- LSG is the mainstream and more than half of the patients have attacked within one week after operation

Discussion

In the postoperative diet guidance for such patients, a more scientific and reasonable low-purine diet scheme should be used



Clinicians need to more accurately determine which patients are prone to recurrence after surgery, and take measures before surgery to avoid its occurrence









The types and dosages of drugs that should be used during the perioperative period



The exact pathogenesis of postoperative gout attack



More in-depth, comprehensive, multicenter and large-sample clinical research



CONFLICT OF INTEREST DISCLOSURE

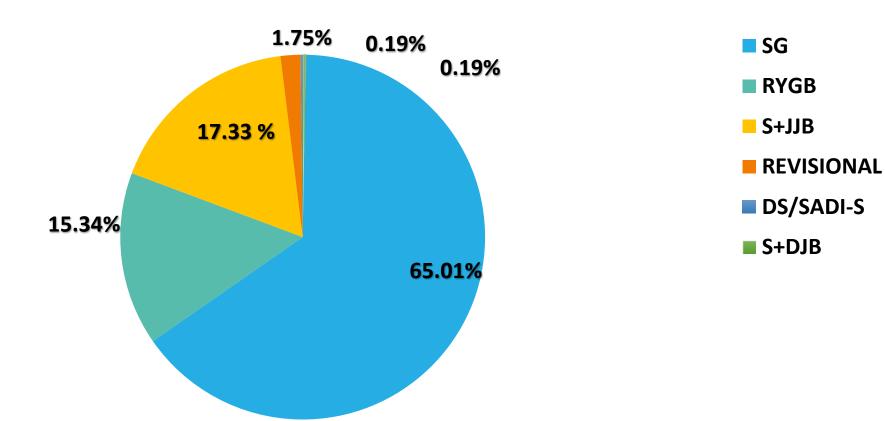
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CASE MIX DISCLOSURE



TOTAL: **2157** cases bariatric surgery



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