

Title: Bariatric surgery in children - a controversy or a standard treatment for obesity

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Introduction

Obesity is one of these chronic diseases that makes difficulties in achieving a therapeutic effect and maintaining the obtained effect both in respect of lost kilograms and preventing from the development of its associated diseases. The children's population has the primacy of development of this disease. Surgical treatment is an alternative and in many cases the only right solution to ineffective conservative treatment. Surgery is one of the stages of treatment of obesity, which begins to bring the expected results of weight loss. A patient who is to undergo bariatric treatment must be adequately prepared and have proper care to ensure safety and achieve the desired therapeutic result. Sustaining and maintaining this result requires the patient to closely cooperate with an interdisciplinary team of specialists dealing with the treatment of obesity. The prevailing conviction among pediatricians, primary care physicians, children's surgeons or children's endocrinologists, that such a "mutilating procedure" and drastic methods will always be "time will" is one of the main problems in the treatment of giant obesity in children.

Discussion

The authors present the effects of treating children after sleeve gastrectomy. For the last two years at the Department of Pediatric Surgery and Urology at GCZD in Katowice, surgical treatment has been undertaken in 5 children with giant obesity aged 15-19. All operated children were treated conservatively in Obesity Treatment Outpatient Clinic min. 13 months, max. 7 years. None of them achieved a satisfactory loss of body weight, and if it occurred, later the "yo-yo" effect and the return to mass before the implementation of surgical treatment, or increase in the baseline BMI were observed.

After surgery - sleeve resection of the stomach, a loss of body weight min. 26kg max. 53kg. In 3 of 5 children fasting glucose intolerance was observed before treatment, in 1 girl hypertension controlled by 3 oral medications, sleep apnea - all of them had their resolution resolved. The follow-up period after surgery is from 10 months to 30 months. In 1 boy after 28 months, an increase in body weight was observed – unfortunately he did not stick to our rules after the surgery.

Conclusions

Operations in the field of metabolic surgery are effective and should be implemented already in the pediatric population. However, the age at which the above-mentioned treatment should start is still controversial.

Kategoria: K3. Chirurgia patologicznej otyłości / Techniki i metody terapii endoskopowej w chorobach przełyku / Pathological obesity surgery / Techniques and methods of endoscopic therapy in diseases of the esophagus