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HYSTOPATOLOGICAL CHANGES IN RESECTED GASTRIC MUCOSA AFTER LAPAROSCOPIC GASTRIC SLEEVE RESECTION

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Introduction: Obesity is a serious public health problem worldwide where about and WHO estimates that more than 300 million people are obese. The prevalence of obesity in Serbia is 56%. The most commonly performed bariatric surgery for the treatment of obesity is laparoscopic gastric sleeve resection (LGS).

Goal: This study aims to identify the histopathological features of the gastric mucosa after the laparoscopic gastric sleeve resection; to estimate the frequency of *Helicobacter pylori* infection; to investigate the prevalence of preoperatively present anaemia in the patients; to estimate the frequency of comorbid diseases and postoperative complications in patients.

Material & Methods: Retrospective review of medical records of all LGS patients operated upon at Thoracic Surgery Clinic, Institute for pulmonary diseases of Vojvodina (October 2013 - October 2017, n=86), was conducted.

Results: Of the 86 patients, 65% were male, and the average age was 40.74 years; while the average BMI was 46.93 kg/m². The most common histopathologic changes were: chronic inactive gastritis (63%), chronic active gastritis (20%), follicular gastritis (16%), lymphoid aggregates (10.47%) and atrophy of gastric mucosa (8.14%). *Helicobacter pylori* were detected in 7 patients, all of whom had active chronic inflammation. Intestinal metaplasia was present in 3.14% of patients. Preoperative mild anemia was discovered in 26.7% of patients, and in the group of patients with gastric mucosal changes a significantly higher mean corpuscular value (MCV) value ($p < 0.05$) was observed. The most common blood type in patients with histopathologic changes of gastric mucosa was A +.

Conclusion: According to results of this study, the incidence of histopathological changes of gastric mucosa in obese patients is high (59.3%), and the health sector needs to be more proactive to reach a consensus and define the preoperative assessment for LGS patients, including gastroscopy and serological detection of *H. pylori* and more laboratory tests for preoperative detection of megaloblastic and hypochromic anaemia.

Biography

Miroslav D Ilic has completed his PhD from University of Novi Sad in field of Hepato/Biliary/Pancreatic Surgery. He is the Director of Centre for Esophageal and Laparoscopic Surgery in Clinic for Thoracic Surgery, Institute for Lung Diseases in Sr. Kamenica. He is the founder of Alma Mons Course in Bariatric Surgery. He published 25 papers in literature as well as several books in Surgery.

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