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## Normoproteic Diet In Bariatric Patients

**Introduction:** The aim of this study was to evaluate the use of normoproteic-amino acid treatment (NPAT) in obese patients with 1) high operative risk, 2) failure of previous bariatric procedures, 3) contraindications or refusal to surgical treatment.

**Method:** 10 patients (F:M = 1:1, mean age 48.6 years, mean BMI  $43.79 \pm 3.05$  kg /m<sup>2</sup>) were enrolled in the study. 3 had a weight regain after bariatric surgery (2 sleeve gastrectomy, 1 gastric banding) and were candidate for revisional surgery. In 5 cases the duration of the diet was 21 days (50% protein foods low in fat and 50% amino acid supplement). In 5 cases the duration was 10 days (only amino acid dietary supplement). Abdominal ultrasound was performed (see Table 2) for the evaluation of the liver, spleen and abdominal wall (ultrasound Esa-ote My lab-70 XVG probe Convex CA 431), before and after 2-4 days from the end of normoprotein-amino acid treatment.

**Results:** One patient suspended diet therapy on the second day due to weakness and subjective impossibility to follow the protocol, 2 patients were partially adherent to the prescription. The weight loss was 8-10% of initial body weight (final BMI  $40.77 \pm 3.41$  Kg/m<sup>2</sup>). The degree of steatosis was ameliorated after NPAT (p <0.001) and the longitudinal diameter axis of the liver (pre-NPAT  $17.9 \pm 1.9$  cm and post-NPAT  $16.5 \pm 1.8$  cm) and portal vein diameter ( pre-NPAT  $12.7 \pm 1.4$  mm and post-NPAT  $11.5 \pm 1.4$  mm) were reduced (respectively p=0,001 and p<0,01). Decrease ( of  $1.1 \pm 1.2$  cm) of thickness of the abdominal wall and perivisceral fat tissue (pre-NPAT  $2.0 \pm 0.8$  cm and post-NPAT  $1.4 \pm 0.5$  cm) were registered, with conservation of the muscle thickness (p<0,001)

## CONCLUSIONS

Our study shows that NPAT leads to improvement of main ultrasound parameters of severity in obesity. Therefore, NPAT improves preparation of patients to surgery, reducing initial operative risk.