

Liver Cirrhosis Improvement by Weight Loss Prior Bariatric Surgery

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Abstract

Non-alcoholic fatty liver disease (NAFLD) as a phenotype of metabolic syndrome can lead to non-alcoholic steatohepatitis (NASH) and liver cirrhosis. Bariatric surgery in patients with liver cirrhosis can be related to possible bleeding complications due to resultant hypocoagulability. Therefore lifestyle-changing programmes are necessary in order to improve liver function until (bariatric) surgery is performed.

Keywords: Bariatric surgery; Liver cirrhosis; Major abdominal surgery; Perioperative risk; NAFLD; Lifestyle changing

Abbreviation

NAFLD: Non-Alcoholic Fatty Liver Disease; NASH: Non-Alcoholic Steatohepatitis; T2DM: Type 2 Diabetes Mellitus

Case Report

We report on a 61 year-old male patient suffering metabolic syndrome with known liver cirrhosis, showing no clinical signs or

typical changes in blood samples, who underwent a laparoscopy in 2013 for planned Roux-Y-Bypass. Intra-operatively liver cirrhosis was seen and due to a tendency of bleeding the operation was stopped. Following consequent weight loss therapy (15 kg weight loss) re-laparoscopy was performed 3 months later. There was no tendency towards bleeding and bariatric surgery (Roux-en-Y-gastric bypass) was performed. The liver cirrhosis improved histologically.

Conclusion

Bariatric procedures such as Roux-Y-Bypass can be safely performed with an appropriate risk in patients with liver cirrhosis. Suitable conditioning by sufficient weight loss helps to improve liver function in order to enable bariatric surgery under safe circumstances.