Abstract

Background: Although bariatric surgery proved to be a very effective method in the treatment of patients in whose pancreas still produce insulin (type 2 diabetes), the accompanied metabolic syndrome and their diabetes complications, there is no information on the effect of this type of surgery in BMI 24-34 patients when pancreas do not produce insulin at all (type 1, LADA and long term evolution type 2 diabetes among others). Patients and methods: We report preliminary data of a serie of 11 patients all with a C-peptide values below 0.0 ng/ml. They were followed for 6 to 60 months (mean 19 months) after surgery. We studied the changes in glycemic control, evolution of the metabolic syndrome and diabetes complications after one anastomosis gastric bypass (BAGUA). Results: All values relative to glycemic control were improved HbA1c (from 8.9 ± 0.6 to 6.7 ± 0.2%), FPG (Fasting Plasma Glucose) [from 222.36 ± 16.87 to 94 ± 5 (mg/dl)] as well as the daily insulin requirement of rapid (from 40.6 ± 12.8 to 0 (U/d) and long-lasting insulin (from 41.27 ± 7.3 U/day to 15.2 ± 3.3 U/day). It resolved 100% of the metabolic syndrome diseases as well as severe hypoglycaemia episodes present before surgery and improved some serious complications from diabetes like retinopathy, nephropathy, neuropathy, peripheral vasculopathy and cardiopathy. Conclusions: Tailored one anastomosis gastric bypass in BMI 24-34 C peptide zero diabetic patients eliminated the use of rapid insulin, reduced to only one injection per day long-lasting insulin and improved the glycemic control. After surgery disappear metabolic syndrome and severe hypoglycaemia episodes and improves significantly retinopathy, neuropathy, nephropathy, peripheral vasculopathy and cardiopathy.

Keywords