



## AB018. OP18 Malnutrition due to transit bipartition: reversal to sleeve gastrectomy

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**Abstract:** Transit bipartition with sleeve gastrectomy (TBSG) is a bariatric surgical technique using by many centers for metabolic and bariatric surgery. However, it may be associated with postoperative malnutrition. This case describes the clinical course and unfortunate outcome of a morbidly obese patient who underwent TBSG and developed malnutrition in the seventh postoperative month. A 67 year-old female patient with a BMI of 47 kg/m<sup>2</sup> underwent TBSG surgery in another center in June 2018 and was discharged uneventfully. She presented with lower extremity edema, generalized skin eruptions, generalized weakness, nausea, vomiting 5 months later. She was admitted and received a high-protein diet, and her clinical condition was not improved. Two months after her discharge patient is admitted to our clinic. She was readmitted with the same complaints, as well as anemia, increased liver function tests, increased INR levels, decreased, selenium and zinc levels, hypocalcemia, hypophosphatemia and vitamin D, E insufficiency with a blood albumin level of 2.2 g/dL, compared to a normal preoperative value. After unsuccessful intensive supportive measures, she finally underwent revisional sleeve gastrectomy with a robotic approach. After a two week period all the symptomatic and laboratory parameters gone well. Multiple factors can contribute to postoperative malnutrition and liver dysfunction after TBSG, including the presence of baseline liver disease, inadequate diet supplementation, leaving a too-short

common small intestinal channel, and ethnic variations in small bowel length. These factors should also be considered when deciding to perform corrective surgery. Careful, individualized treatment and follow-up plans may help to prevent such catastrophic consequences.

**Keywords:** Malnutrition; liver failure; revisional bariatric surgery; transit bipartition; sleeve gastrectomy

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