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Insulin Resistance and Lipid Profile in Morbidly Obese Patients After Laparoscopic Total Gastric Vertical Plication

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Dear Editor,

In recent years sleeve (vertical) gastrectomy has been increasingly used as a stand-alone procedure, effecting significant weight reduction, resolution of obesity co-morbidities and minor nutritional deficits at 5 years of follow-up (1, 2). Sleeve gastrectomy has also been shown to have comparable early changes in gastro-intestinal hormones as the more complicated Roux-en-Y gastric bypass surgery for morbidly obese type II diabetic subjects (3). The new procedure of laparoscopic total gastric vertical plication (LTGP), used by Golpaie *et al.* has similarities with sleeve gastrectomy in deriving its bariatric effect through reduction of stomach capacity (4).

It is thus timely that LTGP is being investigated as an alternative to sleeve gastrectomy. Unsurprisingly, Golpaie *et al.* have found that significant weight loss and improvement in lipid profile and insulin resistance occurred within six weeks of LTPG in 15 patients (4). As pointed out by Talepour *et al.* technical details of LTGP i.e. anterior versus greater curvature plication and remnant stomach capacity needs clearer definition (5). These authors have also pointed out possible cost advantage, reversibility and lower leakage complications with LTPG. These need to be verified by a larger experience. Nevertheless, there is the potential disadvantage of the sequestrated plicated part of the stomach being out of reach for gastroscopic surveillance and hence delay in diagnosis of subsequent pathology. This would be a consideration, especially in East Asia where there is a high incidence of gastric cancer.

Authors' Contribution

Thiow Kong Ti contributed 100% to prepare this article.

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