



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

Thiow Kong Ti^{1*}

¹National University Hospital, Singapore

ARTICLE INFO

Article type:
Letter to Editor

Article history:
Received: 01 Mar 2012
Revised: 05 May 2012
Accepted: 15 May 2012

Keywords:
Gastrectomy
Obesity
Hormones

Dear Editor,

In recent years sleeve (vertical) gastrectomy has been increasingly used as a stand-alone procedure, effecting significant weight reduction, resolution of obesity comorbidities 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 LTGP 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

► Please cite this paper as:

Ti Tk. Insulin Resistance and Lipid Profile in Morbidly Obese Patients After Laparoscopic Total Gastric Vertical Plication. *J Minim Invasive Surg Sci.*2012;1(2): 85-86. DOI: 10.5812/jmiss.4688

capacity needs clearer definition (5). These authors have also pointed out possible cost advantage, reversibility and lower leakage complications with LTGP. These need to be verified by a larger experience. Nevertheless, there is the potential disadvantage of the sequestered 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.

Financial disclosure

The author declares that he has no connecting interest and no relevant financial interest.

References

1. Deitel M, Gagner M, Erickson AL, Crosby RD. Third International Summit: Current status of sleeve gastrectomy. *Surg Obes Relat Dis.* 2011;7(6):749-59.
2. Kehagias I, Spyropoulos C, Karamanakis S, Kalfarentzos F. Efficacy of sleeve gastrectomy as sole procedure in patients with clinically severe obesity (BMI ≥ 50 kg/m²). *Surg Obes Relat Dis.* 2012.
3. Romero F, Nicolau J, Flores L, Casamitjana R, Ibarzabal A, Lacy A, et al. Comparable early changes in gastrointestinal hormones af-

* Corresponding author: Thiow Kong Ti, National University Hospital, Lower Kent Road, Singapore. Tel: +65-97336652, Fax: +65-67348469, E-mail: thiow_kong_ti@nuhs.edu.sg

DOI: 10.5812/jmiss.4688

Copyright © 2012, Minimally Invasive Surgery Research Center and Mediterranean & Middle Eastern Endoscopic Surgery Association. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

- ter sleeve gastrectomy and Roux-En-Y gastric bypass surgery for morbidly obese type 2 diabetic subjects. *Surg Endosc*. 2012:[Epub ahead of print].
4. Golpaie A, Hosseinzadeh-Attar MJ, Hoseini M, Karbaschian Z. Changes in Lipid Profile and Insulin Resistance in Morbidly Obese Patients Following Laparoscopic Total Gastric Vertical Pli-
 5. Talebpour M, Amoli BS. Laparoscopic total gastric vertical plication in morbid obesity. *J Laparoendosc Adv Surg Tech A*. 2007;17(6):793-8.