

Comment on: “Vertical gastrectomy as a surgical technique in bariatric surgery: Analysis of safety and effectiveness results”[☆]



Comentario a: «Gastrectomía vertical como técnica quirúrgica en cirugía bariátrica: análisis de resultados de seguridad y efectividad»

Dear Editor,

We have read with great interest the article recently published by Castro Vázquez et al.¹ on “Vertical gastrectomy as a surgical technique in bariatric surgery: analysis of safety and effectiveness results”, an observational follow-up study of a cohort, whose objective was to evaluate the safety and effectiveness results of vertical gastrectomy as a bariatric technique, whose findings conclude that it is a safe technique in patients with a body mass index <45 and effective when weight loss is achieved in the short-medium term. Therefore, we would like to add a few comments on the importance of conducting this type of study in Colombia and present our experience.

Bariatric surgery (BS) is currently an effective treatment for obesity when other measures have failed, given that it induces and maintains weight loss, as well as being a procedure endorsed and approved by the National Institutes of Health (NIH).^{2,3}

It is important to emphasise that obesity is a public health problem and generates a high risk of developing metabolic syndrome (MS); in Latin America it has a prevalence of 15% in people over 20 years of age, while in developed countries there is an estimated prevalence of around 33%.⁴ In Colombia there are no updated data, however, the prevalence of MS in women is estimated to be 19% and in men 9%.⁵

Therefore, it is important to consider that weight reduction generates satisfactory direct effects on the remission of MS, which concludes in the efficacy of BC not only for obesity, but also for patients with MS. However, there are currently few studies evaluating the prevalence of MS in patients treated with BS.⁶

We are currently conducting studies in our institution where we estimate a 66% prevalence of MS in patients who will be treated with BS, with a decrease of up to 60% after one year of the procedure.

We conclude on the importance of performing BS, as it allows us to achieve adequate weight loss and a direct reduction in related comorbidities, which may be reflected in achievements such as reduced cardiovascular risk in the short

and long term, in addition to a significant improvement in quality of life and reduced costs to the health system.^{7,8}

We thank the authors for this evidence and consider the need for multiple multicentre studies to demonstrate the satisfactory results of this procedure and its safety.

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