



Letter to the Editor

Impact of sarcopenic obesity on outcomes in patients undergoing living donor liver transplantation



Keywords:

Sarcopenia
Liver transplantation
Muscle power

Dear Editor,

We read great interest article by Kamo N. et al. reported impact of sarcopenic obesity on outcomes in patients undergoing living donor liver transplantation [1]. Additionally, Kamo N. et al. highlighted that patients with sarcopenic obesity showed worse survival after living donor liver transplantation compared with nonsarcopenic/nonobesity patients. We found current results particularly important as sarcopenia is prevalent in older populations with many causes and varying outcomes and this information for use in clinical practice is still lacking [2]. In this context, before discussing the presented results, some points regarding sarcopenia need to be discussed.

European Working Group on Sarcopenia consensus report first published in 2010 revised in 2018 (EWGSOP2) and muscle strength comes to the forefront, as it is recognized that strength is better than mass in predicting adverse outcomes [3]. Moreover, measurement of muscle strength highlighted as first step of the diagnostic algorithm of EWGSOP2, and the presence of low muscle quantity or quality is required to confirm sarcopenia [2]. So documentation of low muscle quantity or quality solely by itself as in article by Kamo N et al. is not enough to define sarcopenia.

Another point we would like to highlight is muscle mass measurement protocol of the study Kamo et al. Current retrospective study population consisted of subjects recruited between 2006 and 2015. However, retrospective analysis of CT scans between 2006 and 2015 has potential to make measurements by several scanners which can be the cause of variations in Hounsfield units (HU) attenuation between individual scanners [4].

Therefore, before generating definite conclusions, the effect of such a potential misclassification on the current results and what data would be obtained when validated methods were applied in patients with head and neck cancer who underwent definitive chemoradiotherapy be reassured. This would also help improve the methodological design of future studies on sarcopenia.

Fund

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Author contributions

Dr. Aysun Isiklar and Dr. Umut Safer and drafted the letter, Dr. Vildan Binay Safer and Dr. Nurettin YIYIT made critical review of the article.

Conflict of interest

No conflict of interest.

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