



Bariatric Surgery in the Elderly Patient: Safety and Short-Time Outcome. A Case Match Analysis: Letter to the Editor

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Published online: 26 February 2019
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To the editor:

We read with great interest the article by Myrian Vinan-Vega M et al. [1] that assess and compare safety and early outcomes of bariatric procedures in elderly patients and in controls younger than 65 years. We are satisfied with the clear evidence of that bariatric surgery in patients 65 years or older is safe, with similar outcomes and complication rates as in younger patients, regardless of chosen bariatric procedure: laparoscopic sleeve gastrectomy (LSG) or Roux-en-Y gastric bypass (RYGB); especially that not so long ago, weight loss surgical interventions should be restricted to patients under 60 years old based on the concerns of age-related increased surgical risks [2]. The authors present in details potential benefits in this group of patients, improving CV risk factors, including reducing BP, improving dyslipidemia and even inducing clinical remission of diabetes. Moreover, in our opinion, to demonstrate real benefits, the authors could calculate CV risk reduction and present a particular occurrence of CV events in the studied cohort [3]. According to observations by Pereira et al. in a similar group, patients aged 50 years or older experienced a significantly superior CV risk reduction, with the 10-year risk of CV disease dropping $3.41 \pm 0.75\%$ in patients older than 50 vs. a reduction of 0.99 ± 0.18 in patients up to

50 years [4]. In addition, their enough small study underline that based on CV risk estimated before RYGB surgery, six cardiovascular events would have occurred during the follow-up time if morbidly obese elderly patients had not been operated. Further, the study is necessary to clarify the association between CV risk reduction and bariatric surgery. Moreover, it is worth defining the best accurate method of bariatric surgery in this group of patients.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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