

INTERESTING CASES IN SURGERY

Volume 2



CASE 1

DIABETIC REVERSAL TECHNIQUE

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Abstract

Apart from a case report of successful remission of diabetes through surgery, in this article, we explain the rationale for achieving remission of Diabetes Mellitus by surgical manipulation of the gut endocrine axis, and present the scientific evidence available thus far in support of the same. The evolution of 'metabolic' surgery is presented here. The reduction in mortality and co morbidity is presented. The two main theories of causation of euglycemia are discussed in detail. Most authors now believe in both the theories, and the gastric bypass and the biliary pancreatic diversion are the procedures with the highest rate of remission. Finally, in the context of reappearance of hyperglycemia, the beneficial effects of a prolonged period of normal blood sugar are discussed.

CASE REPORT

62 year old male, known diabetic for THE past 10 years, came to us for permanent remission of diabetes. His fasting and C-peptide levels were 2.2 & 6.8 respectively (high levels), hence a fit candidate for metabolic surgery. Since the patients BMI was 25.3, we opted for sleeve gastrectomy + Ileal transposition (SGIT), which is one of the recommended procedure for Diabetic patients with lower BMI. After obtaining fitness from Diabetologist, Physician, Cardiologist and Anaesthetist, patient was taken up for the procedure. A loose sleeve gastrectomy (since weight loss should be minimum) + Transposition of a 270cm ileal segment to the mid jejunum level (see figure) was performed laparoscopically. Post operatively the patient recovery was uneventful. His diabetic control was achieved within the 1st month and complete remission of DM was seen in the 3rd month after surgery. After

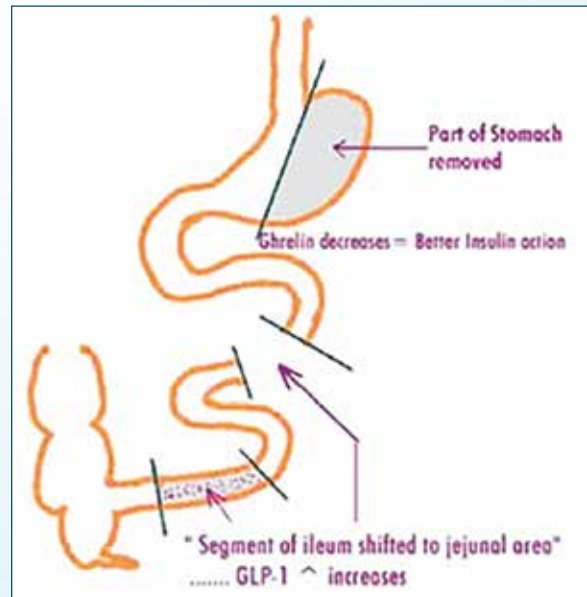


Figure 1.