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## Abstract

### Background

Bariatric surgery is currently advocated as an elective treatment of severe obesity and its associated comorbidities.

### Objective

Presentation of a case demonstrating the effectiveness of lifestyle changes as an alternative to bariatric surgery.

### Method

Review of the Clinical Record.

### Results

A 47 year old woman with long-standing severe obesity was diagnosed of essential hypertension, mixed dyslipidemia, nonalcoholic steatohepatitis and type 2 diabetes at 40. Three years ago she had an episode of deep venous thrombosis and pulmonary thromboembolism and was diagnosed of Factor V Leiden thrombophilia. Her treatment included standard doses of Acenocoumarol, Irbesartan, Manidipine, Torasemide, Atorvastatin, Fenofibrate, Metformin and Sitagliptin. However the patient was sedentary with inadequate eating habits and her comorbidities were uncontrolled. She was referred for bariatric surgery but was rejected due to her thrombophilia.

Physical examination: Weight 102.3 kg, height 166 cm, BMI 37.3 kg/m<sup>2</sup>, waist circumference 126 cm. BP 129/76 mmHg, HR 68 bpm.

Lab tests: HbA1c 8.3%, Glucose 168, total cholesterol 212, HDL 41, LDL 116, trigl. 274 (mg/dL); AST 55, ALT 45, GGT 87 (U/L); normal GFR, ions, TSH and CBC.

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Evolution: Upon rejection for surgery, she began a 1250 Kcal diet and a low-impact exercise program. After six months she lost 38 kg achieving a normal BMI (23.4) and a waist perimeter of 92 cm. Antihypertensive medication was withdrawn due to symptomatic hypotension. At present she is normotensive, with normal hepatic enzymes, good glycemic control (Glucose 78, HbA1c 5.9%) and lipid profile (total cholesterol 147, HDL 52, LDL 72, trigl. 116) without any medication except Acenocoumarol.

#### Conclusions

With good compliance, the conservative treatment of severe obesity with lifestyle modifications can be as effective as bariatric surgery, being able to resolve both the obesity and its comorbidities. This option should be seriously tried before referral for bariatric surgery.



## Case Report: Patient with Metabolic Syndrome Rejected for Bariatric Surgery

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Primary Care<sup>1</sup>, Endocrinology<sup>2</sup>

### BACKGROUND

Bariatric surgery is currently advocated as an elective treatment of severe obesity and its associated comorbidities.

### AIM & OBJECTIVES

Presentation of a case demonstrating the effectiveness of lifestyle changes as an alternative to bariatric surgery.

### METHODS & STUDY DESIGN

Review of the Clinical Record.

### RESULTS & FINDINGS

A 47 year old woman with long-standing severe obesity was diagnosed of essential hypertension, mixed dyslipidemia, nonalcoholic steatohepatitis and type 2 diabetes at 40. Three years ago she had an episode of deep venous thrombosis and pulmonary thromboembolism and was diagnosed of Factor V Leiden thrombophilia. Her treatment included standard doses of Acenocoumarol, Irbesartan, Manidipine, Torasemide, Atorvastatin, Fenofibrate, Metformin and Sitagliptin. However the patient was sedentary with inadequate eating habits and her comorbidities were uncontrolled. She was referred for bariatric surgery but was rejected due to her thrombophilia.

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