


## CASE REPORT

# Surgical management of super-super obesity with grade III esophageal varices and liver cirrhosis: The ultimate challenge

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## Abstract

The risk of complications after bariatric surgery is high in morbidly obese patients suffering from liver cirrhosis along with moderate to severe portal hypertension. Esophageal varices are even considered as a contraindication for bariatric surgery by many surgeons. We report the case of a 40-year-old gentleman with a body mass index of 65.3 kg/m<sup>2</sup>, with multiple comorbidities including type 2 diabetes mellitus, severe obstructive sleep apnea. On evaluation, he had Child-Pugh A liver cirrhosis with portal hypertension along with grade III esophageal varices and splenomegaly. After adequate optimization, laparoscopic sleeve gastrectomy was performed. The patient is doing well at a follow up of 12 months with an adequate weight loss and resolution of comorbidities. Sleeve gastrectomy can be performed in a morbidly obese Child-Pugh A cirrhotic patient with portal hypertension and esophageal varices with proper counseling regarding more than usual risk for morbidity and mortality.

## KEYWORDS

liver decompensation, portal hypertension, sleeve gastrectomy

## 1 | INTRODUCTION

The prevalence of non-alcoholic fatty liver disease (NAFLD) ranges from 30% to 100% in morbidly obese patients.<sup>1</sup> NAFLD can progress to cirrhosis and eventually decompensated liver failure. Established unexpected cirrhosis can be encountered during elective bariatric procedures in around 1% of cases.<sup>2</sup> There is an increased risk of mortality in cirrhotic patients undergoing bariatric surgery. The comparison between mortality rates post-bariatric surgery in non-cirrhotic, compensated cirrhosis and decompensated cirrhosis was 0.3%, 0.9%, 16.3% respectively.<sup>3</sup> Advanced liver disease and portal hypertension with esophagogastric varices is considered a relative

contraindication for bariatric surgery.<sup>4</sup> Few studies have reported on outcomes of bariatric surgery in cirrhotic patients with portal hypertension.<sup>5</sup> We report an unusual case of super-super obesity with portal hypertension with grade III esophageal varices, liver cirrhosis (Child-Pugh A), and splenomegaly. This case report depicts the intraoperative and postoperative challenges faced in managing the patient.

### 1.1 | Case presentation

A 40-year-old gentleman with super-super obesity with a body mass index (BMI) of 65.3 kg/m<sup>2</sup>, presented with