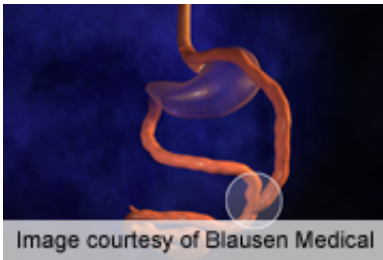


Bariatric surgery in T1DM teens doesn't aid glycemic control

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Despite significant weight loss, improvements in cardiovascular risk factors, and quality of life, bariatric surgery does not necessarily lead to improved glycemic control in adolescents with type 1 diabetes mellitus, according to a case report published online Sept. 23 in *Pediatrics*.

(HealthDay)—Despite significant weight loss, improvements in cardiovascular risk factors, and quality of life, bariatric surgery does not necessarily lead to improved glycemic control in adolescents with type 1 diabetes mellitus (T1DM), according to a case report published online Sept. 23 in *Pediatrics*.

Janet Chuang, M.D., from the Children's Hospital Medical Center in Cincinnati, and colleagues published the first case series reporting on the effect of bariatric surgery on diabetes control in adolescents with T1DM, including a 19-year-old obese male who underwent vertical sleeve gastrectomy and a 13-year-old obese girl with an initial clinical diagnosis of type 2 diabetes mellitus who underwent Roux-en-Y gastric bypass.

One month following surgery the girl presented in diabetic ketoacidosis, was found to have positive islet cell antibodies, which were also present before surgery, and her diagnosis was revised to T1DM and she began insulin.

The researchers report that, at 12 months post-surgery, the male patient demonstrated a 28 percent reduction in body mass index. While his daily total insulin requirement decreased, hemoglobin A1c remained largely unchanged at 8.8 percent. At 28 months post-surgery, the girl's [body mass index](#) had decreased by 42 percent. From insulin initiation, her daily total insulin requirement had decreased, but hemoglobin A1c had significantly worsened, from 6.3 to 10 percent.

"Patients with T1DM have ongoing dependency on exogenous insulin, and optimal glycemic control still depends on patient compliance with diabetes care," the authors write.

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