LETTER TO THE EDITOR

Is there any relation between gastric bypass for morbid obesity and the development of Crohn's disease?

Dear Sir

The relation between morbid obesity (MO) with Crohn's disease (CD) is not yet perfectly understood. The proinflammatory status of obesity, with possibly subsequent high levels of inflammatory mediators such as tumour necrosis factor alpha and C-reactive protein, is also linked to a possible increase on intestinal permeability, that can lead to inflammatory conditions such as CD. In a study from Israel, severe and morbid obesity were seen in 2.3% of CD patients from a referral centre cohort. Data regarding the consequences of surgical procedures for MO, such as gastric bypass, exploring its relation for the development of CD, are scarce.

We recently saw a 53 year-old female patient with ileal CD that was refractory to medical therapy. She was referred to our unit for surgical resection due to an important stenosis, with proximal dilatation, even after 12 months of Infliximab therapy. This patient had been submitted 10 years before to a gastric bypass for MO, with a Y-en-Roux anastomosis. She was diagnosed with CD 6 years after this operation.

In laparotomy, a significant portion of the terminal ileum with evident inflammation and fibrosis was noticed (Fig. 1A). A side-to-end jejuno-ileal anastomosis (from the previous procedure) was made 30 cm proximal to the ileocecal valve, and was affected by the CD inflammation (Fig. 1B). We performed an ileocecal resection with side-to-side stapled anastomosis and another end-to-side jejuno-ileal anastomosis, 30 cm proximally.

There is still controversy between the relation of previous bariatric operations acting as a cause for the development of CD. Some studies demonstrated that obesity can be present in 40% of CD outpatients, but this rate seems reduced in Japanese patients. Few case reports of surgical procedures for MO in inflammatory bowel disease patients were published. The gastric sleeve might be the procedure of choice in these cases, in order to preserve the small bowel from alterations that can lead to inflammation.

As the incidence of both CD and MO are increasing, as suggested by recent epidemiological studies, in addition to changes in diet from the Western populations, physicians should be aware of a possible association of these two conditions. The rates of MO surgical procedures are also increasing, and may be in a near future, the obscure relation between these two conditions could be clarified.

Conflicts of interest statement

Paulo Kotze is a speaker and consultant for AbbVie Laboratories, AstraZeneca, Janssen-Cilag and Takeda.

Rodrigo Bremes Nones has no conflict of interest.

Lorete Maria da Silva Kotze is a speaker for AbbVie Laboratories.

Figure 1   Surgical aspects of ileal Crohn's disease adjacent to the anastomosis from the previous gastric bypass. A: before resection. B: surgical specimen with significant inflammation at the anastomotic site.

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References


