
Endocrinology 2017: Interactivity among calcium metabolism and anti-reflux remedy after sleeve gastrectomy**Abstract**

Introduction: Malabsorption and micronutrient deficiencies are known troubles after bariatric surgery. Therefore, supplementation and regular controls are inevitable. Calcium (Ca²⁺) tiers, which may be disrupted after malabsorptive bariatric strategies are acknowledged to rely on gastric pH degrees.

Objectives: To determine the impact of proton pump inhibitors (PPI) on Ca²⁺, parathyroid gland hormone (PTH) and nutrition D stages after sleeve gastrectomy (SG).

Methods: All sufferers who underwent SG between 2008 and 2013 were enrolled in our follow-up program. The patients were tested preoperatively and then 4 times at some stage in the first 12 months. Ca²⁺ metabolism and weight parameters were monitored. All the sufferers received 3000 mg of Ca²⁺ carbonate (equal to 1200 mg of Ca²⁺), 800 IE of vitamin D, in addition to one multivitamin pill daily. All the parameters were then analyzed for institutions with PPI intake. Results: Data of 385 out of 400 (96.2%) sufferers were analyzed after 1 year of follow-up (3.8% misplaced to follow-up). Thirty nine (10.1%) sufferers took PPI for at the least three months during the first year. The Ca²⁺ levels were notably lower ($p < 0.0001$) in the PPI group in comparison to the non-PPI group, although

neither of the groups showed hypocalcaemia. The PTH levels showed an opposite behavior ($p < 0.0001$).

Conclusions: Our data show that higher gastric pH levels caused by PPI intake negatively influence Ca²⁺ absorption. Therefore, Ca²⁺ and PTH levels should be monitored, especially in patients receiving PPI therapy after SG.

INTRODUCTION

Obesity is a chronic, progressive, and multifactorial disease concerning genetic, metabolic, psychological, and endocrinology-associated factors, amongst others. Obesity-associated comorbidities are severa and also are associated with better mortality. Obesity is a danger element for some of different chronic ailments related to metabolic syndrome together with type 2 diabetes mellitus (T2DM), excessive blood pressure, dyslipidemia, cardiovascular diseases (CVD), respiration disorders, joint diseases, psychosocial disorders, or even several forms of cancer (inclusive of esophagus, colon, pancreas, prostate, and breast).

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