AB1245 OSTEOMALACIA RELATED TO BARIATRIC SURGERY: HOW FREQUENT IS IT?

Keywords: Vitamin D, Bone diseases, Descriptive studies

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Background: The development of osteoporosis and fractures is a well-documented complication of bariatric surgery (BS), especially with procedures associated with malabsorption. Due to the gradual increase of BS performed worldwide, several national and international societies have developed clinical guidelines for managing these patients, with special attention to osteoporosis prevention and treatment. Nevertheless, these subjects can also develop osteomalacia, which can easily be misdiagnosed as osteoporosis. It is crucial to differentiate osteoporosis and osteomalacia in BS patients since different therapeutic approaches are necessary.

Objectives: To analyse the prevalence of osteomalacia and the main clinical characteristics of subjects with previous BS referred to the Rheumatology Department for osteoporosis treatment.

Methods: This was a retrospective study of a cohort of 46 subjects (aged 42-77 years) referred to the Metabolic Bone Diseases Unit of the Rheumatology Department for evaluating osteoporosis treatment. Clinical data were obtained from an in-depth review of medical records, including the type of BS (restrictive: gastric banding, and sleeve gastrectomy), or malabsorptive surgery: Roux-en-Y gastric bypass [RYGB], biliopancreatic diversion with duodenal switch), time since surgery, previous treatment with calcium and/or vitamin D, anthropometric data, clinical, laboratory, radiologic and densitometric findings. Osteomalacia was diagnosed by compatible bone biopsy and/or by Bingham and Fitzpatrick criteria[1] (two of the following: low calcium, low phosphate, elevated total alkaline phosphatase [TAP] or suggestive radiology).

Results: Five of the 46 patients (10.8%) presented criteria compatible with osteomalacia, two being confirmed by bone biopsy. All subjects with osteomalacia were Caucasian and most were women (4/5) treated with malabsorptive surgery (mainly RYGB) from 4 to 23 years prior to the visit. All presented increased serum TAP values (some presenting a progressive increase 1-3 years prior to the visit). Most subjects showed low serum calcium (4/5) and vitamin D serum levels; the latter were markedly decreased in 4 individuals (with only one presenting values >20ng/ml). Parathyroid hormone (PTH) levels were increased in 5 subjects (two of the following: low calcium, low phosphate, elevated total alkaline phosphatase [TAP] or suggestive radiology).

Conclusion: Nearly 10% of subjects with previous BS referred for osteoporosis treatment may have osteomalacia. Increased serum TAP values should alert clinicians to this diagnosis since it requires a differential treatment approach with some of these patients needing high doses of calcium or even parenteral vitamin D supplementation.

REFERENCE:

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AB1246 SOCIOECONOMIC STATUS, WORK IMPAIRMENT, DISABILITY AND SEVERITY OF GOUT IN LATIN AMERICA (LAT)

Keywords: Education, Crystal arthritis, Gout

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Background: Previous reports suspected that gout patients from Latin-America (LAT) are different to those from developed countries and similar to Asian.

Objectives: We aimed to characterize patients with gout attending to Rheumatologists at Health public institutions and private practices in LAT and its association with socioeconomic status and clinical severity.

Methods: This cross-over, multi-centric, multinational and descriptive study was performed between 2019 and 2022. We invited to participate >150 certified rheumatologists from 14 countries in LAT. The project was authorized by IRB. Gout (ACR-EULAR 2015) patients signed informed consent. During face to face and on-line interviews, we discussed clinical variables (>200), questionnaires and CRFs in Spanish and Portuguese. Demographics, socioeconomic status: (AMAI <111 = low socioeconomic status), clinical gout, associated diseases and treatment related variables were included. We defined severe gout (SG) if ≥5 tophi

Figure 1: Forest map of intestinal flora alpha diversity in osteoporosis patients compared with healthy controls. (A)Shannon index; (B)Simpson index; (C)ACE; (D)Chao1; (E)Observed species; (F)Phylum composition of intestinal microorganisms.