

of postprocedural hypoxia, combined with a shortened recovery time, might be particularly important in high-risk, elderly patients.

Propofol sedation was more effective than midazolam/meperidine in this setting and, with adequate monitoring, can be safely administered to elderly patients.

Carol Lovegrove

**Original article** Riphaus A *et al.* (2005) Sedation with propofol for routine ERCP in high-risk octogenarians: a randomized, controlled study. *Am J Gastroenterol* **100**: 1957–1963

## Changes in liver histology associated with massive weight loss

Severe nonalcoholic steatohepatitis, which can result in fibrosis and cirrhosis of the liver, has recently been shown to develop in some morbidly obese patients. Obesity has been suggested to be an independent risk factor for the development of advanced fibrosis in such patients. Stratopoulos and colleagues have investigated the effect of weight loss following gastroplasty on liver histology in morbidly obese patients.

In total, 51 nondiabetic, nonalcoholic, morbidly obese patients (BMI >40) were enrolled in the study. Each underwent Mason's vertical banded gastroplasty, during which a liver biopsy was taken. Repeat biopsies were taken at a mean of 18 months postoperatively, and a third biopsy was taken in a subgroup of 16 patients, 17 months after the second. Results of the first liver biopsy revealed that in 98% of the patients, steatosis and steatohepatitis were present, and fibrosis in 94.1%. Following surgery, the overall excess weight loss within 6–35 months was 66%. The second biopsy revealed a significant regression of steatosis and steatohepatitis in 84.3% and 86.2% of patients, respectively. In addition, fibrosis and lipogranulomas decreased in severity, with an improvement in fibrosis recorded in 47% of patients. In the subgroup who underwent a third biopsy, further reductions in steatosis, steatohepatitis and fibrosis were observed. Cirrhosis was not detected at any stage in any of the patients.

The authors conclude that massive weight loss following gastroplasty in morbidly obese patients is associated with regression of

nonalcoholic steatohepatitis and a significant overall decrease in fibrosis.

Katy Cherry

**Original article** Stratopoulos C *et al.* (2005) Changes in liver histology accompanying massive weight loss after gastroplasty for morbid obesity. *Obes Surg* **15**: 1154–1160

## Laparoscopic Nissen fundoplication in obese patients

Gastroesophageal reflux disease (GERD) is common in obese patients; however, obesity has long been considered a contraindication to laparoscopic antireflux surgery. To date, conflicting results have been obtained regarding the association between antireflux surgery outcomes and preoperative BMI. D'Alessio and colleagues identified a cohort of GERD patients who underwent laparoscopic Nissen fundoplication, and examined the influence of preoperative BMI on their clinical outcomes.

In total, 257 patients were included in the study, classified according to their preoperative BMI as normal, overweight or obese (BMI <25, 25–30, or >30, respectively). The frequency and severity of GERD symptoms, including dysphagia and heartburn, were graded by patients using the Likert scale, both preoperatively and postoperatively. Patients were advised to lose weight before surgery.

Fundoplication surgery was completed in all patients. The duration of hospitalization did not differ significantly between groups, but a slight (nonsignificant) trend was observed for longer operation times for obese patients. At follow-up (mean 25.5 months), heartburn and dysphagia symptom scores were significantly reduced in all three patient groups; the difference between the groups was not significant. In addition, excellent or good outcome ratings were given by 80% of patients, and similar ratings were recorded by each BMI group.

The authors conclude that laparoscopic Nissen fundoplication surgery is safe and effective in treating overweight and obese GERD patients, and highlight the need for further study into the effect of preoperative weight loss on fundoplication outcome in obese patients.

Katy Cherry

**Original article** D'Alessio MJ *et al.* (2005) Obesity is not a contraindication to laparoscopic Nissen fundoplication. *J Gastrointest Surg* **9**: 949–954