

PPN appeared and they were independently associated with low HDL-C.

eP2061

Níveis séricos de vitamina D derivação gástrica em Y de roux e gastrectomia vertical

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Introdução Hipovitaminose D é comumente encontrada em indivíduos obesos e tardiamente nos que se submeterem à cirurgia bariátrica, favorecendo a ocorrência de osteoporose. No pós-operatório imediato, é relatado tanto o aumento quanto queda da vitamina D sérica. O objetivo deste trabalho é avaliar os níveis séricos de 25(OH)D após a cirurgia bariátrica, e buscar associação com perda ponderal, atividade física, consumo alimentar, e comparar resultados obtidos nos procedimentos de derivação gástrica em Y de Roux (RYGB, do inglês Roux en Y Gastric Bypass) e gastrectomia vertical (SG, do inglês Sleeve Gastrectomy). Metodologia Com delineamento longitudinal retrospectivo, foram avaliados os níveis séricos de 25(OH)D, perfil glicêmico, lipídico, atividade física e consumo alimentar de fontes de vitamina D no período pré e pós-operatório de 195 obesos submetidos ao RYGB (104) ou SG (91). As características antropométricas e laboratoriais dos participantes foram descritas por mediana e intervalo interquartil. As características antropométricas e laboratoriais dos participantes submetidos pré e pós-cirurgia foram comparadas através do teste de Wilcoxon e os dois tipos cirúrgicos foram comparados através do teste de Mann-Whitney. Os dados de consumo alimentar de vitamina D, obtido através da análise do recordatório alimentar, prática de atividade física, através do Questionário Internacional de Atividade Física (IPAQ) ou caminhadas e classificação dos níveis de vitamina D entre os dois tipos cirúrgicos foram comparados através do teste de correção de continuidade de Yates e a comparação desses dados entre os pacientes considerados com níveis adequados de vitamina D foi realizada utilizando teste exato de Fisher ou correção de continuidade de Yates. Resultados Os níveis séricos de 25(OH)D aumentaram após a cirurgia bariátrica nos dois tipos cirúrgicos, sem diferença estatística entre eles ($p= 0.983$). No grupo RYGB o nível de vitamina D aumentou 19.6%, passando de 13,5 (19,9; 29,0) ng/ml a 18,1 (21,7; 35,0) ng/ml. Já no SG 20.2%, passando de 23,3 (19,0; 31,6) ng/ml a 28,0 (21,6; 34,8) ng/ml. Em ambos os grupos, o aumento não foi suficiente para que níveis séricos adequados de vitamina D (>30 ng/ml) fossem atingidos. Conclusão Os níveis de vitamina D aumentam após a cirurgia bariátrica, porém não o suficiente para alcançar níveis adequados de vitamina.

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Induction of selective liver hypothermia prevents significant ischemia/reperfusion injuries in rats after 24 hours

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Background and Aims: induction of liver hypothermia is a surgical tool able to prevent warm ischemic injuries. Protective mechanisms involved are not completely understood, but the protection to liver microcirculation and reduction of inflammation are potential candidates to explain the attenuation of the reperfusion injuries. The study aims to investigate the effects of induction of selective liver hypothermia, the role of endothelial and inducible oxide synthases (eNOS and iNOS), inflammatory cytokines and histopathological injuries in a rodent model. Methods: 19 male Wistar rats were subjected to 90 minutes partial 70% liver ischemia either in normothermia (Group N) or selective 26°C hypothermia (Group H). 24-hours after reperfusion, livers were sampled and sent to analyses. Anatomopathological sections were scored for sinusoidal congestion, ballooning, hepatocellular necrosis and neutrophilic infiltrates. Results: At the end of the experiment, liver tissue expressions of TNF- α , IL-1 β , iNOS and TNF- α /IL-10 ratio were significantly reduced in the H group compared to N group ($P<0.05$), whereas IL-10 and eNOS were significantly increased ($P<0.05$). IL-6 expression was similar between the groups. Histopathological injury scores revealed significant decrease in H group ($P<0.05$). Conclusions: Selective liver hypothermia prevents I/R injury by limiting the release of inflammatory cytokines, preservation of microcirculation, and attenuation of the inflammatory response. The suppression of the inflammatory cascade by selective liver hypothermia enabled maintenance of the liver architecture.

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National multicentric derivation and validation of the sampe model – a mortality risk stratification model within 30 days postoperatively

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Introduction Surgical care is essential for the proper management of various clinical conditions. It is known that the interaction between surgical-anesthetic interventions and the patients' clinical condition can lead to unfavorable outcomes, especially in major procedures. In order to identify patients at highest risk of complications and thus adopt strategies that improve the care provided, several models of surgical risk stratification have been developed. Ideally, these should be simple, reproducible and accurate. Unfortunately, none of the best-known risk stratification instruments had their validity tested for the Brazilian population. In view of this, a preoperative risk assessment model - SAMPE Model - was developed, incorporating 4 variables that were easily identified in the preoperative period (age, ASA classification, size and nature of surgery), having in-hospital mortality in up to 30 days as a primary outcome. This was developed by the retrospective analysis of data from 13,524 surgical patients of the Hospital de Clínicas de Porto Alegre, showing high prediction of death accuracy (area under the ROC curve = 0.913). The model was later validated in another sample of the same hospital ($n = 7,253$), confirming its accuracy (C statistic of the validation sample was 0.922). Objective: To build and validate a national-based model of postoperative death probability within 30 days with based on the SAMPE Preoperative Risk Model. To develop an app for smartphones that allows preoperative risk stratification by the new SAMPE Model. Materials and Methods: Multicentric retrospective cohort study with patients operated in five hospitals in Brazil. The variables age, ASA score, surgical degree (major or non-major) and nature (elective or urgent) will be evaluated for the SAMPE Model development. The primary outcome will be mortality in 30 days. Expected Results: We believe that the new SAMPE model will present discriminative capacity similar to that of other classically used scores validated in the prediction of in-hospital death within 30 days, with the differential of