

# Liver Transplant in Patients With Obesity



It is well known that obesity is a significant public health issue both worldwide and in the United States. According to global estimates from the World Health Organization, more than 650 million adults were obese in 2016 and the prevalence of obesity increased almost 3-fold from 1975 to 2016. In the United States, the prevalence of obesity rose from 30.5% in 1999 to 2000 to 41.9% in 2017 to March 2020, according to the National Health and Nutrition Examination Survey. A 2021 article by Ward and colleagues in *PLoS One* estimated that the yearly US medical cost of obesity was almost \$173 billion (in 2019 dollars). Annual medical costs for obese adults were \$1861 higher than for healthy-weight individuals.

As one of the review articles in this month's issue of *Gastroenterology & Hepatology* points out, the prevalence of obesity is also increasing among liver transplant patients. Dr Saleh A. Alqahtani and Dr Robert S. Brown Jr note that more than 30% of adult liver transplant recipients were obese in the 2018 Organ Procurement and Transplantation Network/Scientific Registry of Transplant Recipients. In their comprehensive overview of liver transplant and obesity, the authors explore the effects of obesity on liver transplant evaluation as well as approaches for managing obesity in waitlisted patients. They also examine perioperative bariatric surgery, post-transplant outcomes in obese liver transplant recipients, and posttransplant challenges, among related issues.

Our other review article involves patients with ileal pouch–anal anastomosis (IPAA). As Dr Nan Lan, Dr Scott M. Smukalla, and Dr Shannon Chang note, these patients commonly have functional anorectal disorders, including fecal incontinence and defecatory disorders. The authors review the clinical presentation of these disorders in patients with IPAA, as well as common diagnostic tests such as anorectal manometry and the balloon expulsion test. The authors also examine the treatment of fecal incontinence via lifestyle modifications, medications/supplements, sacral or tibial nerve stimulation, and biofeedback therapy, as well as the treatment of defecatory disorders via medical or biofeedback therapy.

On a related note, our *Advances in IBS* column focuses on when anorectal function testing should be ordered. Dr Adil E. Bharucha discusses the importance

of anorectal function testing and conditions (such as fecal incontinence) for which anorectal testing may help guide management. His discussion also includes how to talk with patients who need to undergo testing and what is needed to improve management of defecatory disorders.

Our *Advances in GERD* column examines the role of esophageal stents in the management of esophageal cancer. Dr Vivek Kaul explains how and when stents are used in patients who have esophageal cancer, the technical and clinical success of stenting in these patients, the importance of tumor location, and potential adverse events that may occur. Other topics discussed include follow-up recommendations and future research.

Interventional endoscopic ultrasound is highlighted in our *Advances in Endoscopy* column. Dr Mouen Khashab outlines how endoscopic ultrasound evolved from its diagnostic roots to also having a therapeutic role and how training is affecting its expansion. He also discusses important advances for endoscopic ultrasound and ongoing studies, among other topics.

Combination therapy for inflammatory bowel disease (IBD) with different mechanisms of action is the focus of our *Advances in IBD* column. Among other issues, Dr Silvio Danese discusses the rationale for combining mechanisms of action in this patient population, recent research and studies currently underway, and in which patients such combinations might be most useful.

Finally, our *Advances in Hepatology* column reviews the use of angiotensin-converting enzyme (ACE) inhibitors in patients who have liver disease. Among other issues, Dr Elliot B. Tapper discusses whether ACE inhibitors can affect liver disease, relevant research in this area, concerns with using these agents, and why they are being used more frequently in this setting than previously.

As always, I hope you find these articles informative and relevant, and I wish you and your patients a happy, healthy, and prosperous new year.

Sincerely,  


Gary R. Lichtenstein, MD, AGAF, FACP, FACG