



Encuesta comparativa hispano-brasileña de balón intragástrico. ¿Trabajamos de la misma manera? Aspectos clínicos y resultados con más de 60.000 balones.

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Introducción

Recientemente, se han publicado los dos mayores consensos de balón intragástrico (BIG): el brasileño (BIBC, SOARD'18) y el español (SIBC, REED'23) con 41.863 y 20.680 balones, respectivamente.



Objetivo

Comparar los dos consensos para establecer las similitudes y las diferencias en el manejo clínico del BIG entre la escuela brasileña y la española.

Material y Métodos

Encuesta comparativa entre los consensos BIBC y SIBC, en relación con los parámetros clínicos demográficos, indicaciones, contraindicaciones, seguimiento y eficacia del BIG.

Se define consenso cuando existe $\geq 70\%$ de acuerdo.

Puede ser:

- Total (CT): ambos consensuan.

- Parcial (CP): sólo 1 consensua y/o afines.

- Desacuerdo (D): ninguno consensua y/o antagónicos.

En este último caso, se establece una segunda ronda de preguntas entre 25 especialistas seleccionados de ambos consensos para dilucidar el manejo.

✓: Consenso ($\geq 70\%$ acuerdo); ✗: No consenso ($< 70\%$ acuerdo).
CT: Consenso Total; CP: Consenso Parcial; D: Desacuerdo entre consensos.



Resultados

60 endoscopistas (39+21), con 62.543 balones (41.863+20.680), y con 5 y 12 modelos de balones en BIBC y SIBC, respectivamente.

61 preguntas: Consenso Total: 35 (57.4%), Parcial: 19 (31.1%) y Desacuerdo: 7 (11.5%).

Tabla 0. Demográficos (n=7)

Consensus statement comparison	Consensus		Comments
	BIBC	SIBC	
0.1 Number of endoscopists	39	21	CP
0.2 Number of balloons	41.863	20.680	CP
3. Models of balloon	5	12	CP
- Balloons shared between both groups	Orbera Medicone Silimed Spatz2 HB	Orbera Medicone Silimed Spatz2 HB	
- Balloons used only in SIBC		Medsil Orbera365 Spatz3 Elipse Obalon Easy Life Stella	
0.4 Most frequent balloons (%)	Orbera: 78%	Medsil: 43%	CP
0.5 Patient mean age (y.)	37	42	CT
0.6 Female (%)	75%	79%	CT
0.7 Baseline BMI (kg/m ²)	34.4	34.0	CT

CT:3, CP:4, D:0

Tabla 4. Eficacia (n=4)

Consensus statement comparison	Consensus		Comments
	BIBC	SIBC	
4.1 TWL (%)	18.4±2.9	17.66±2.5	CT
4.2 TWL (kg)	18.3±4.4	17.13±1.5	CT
4.3 BMI reduction (kg/m ²)	7.2±3.1	5.73±1.7	CT
4.4 Failure (%)	8.3±6.7	11.20±2.0	CT

CT:4, CP:0, D:0

Tabla 2. Contraindicaciones (n=19)

Consensus statement comparison	Consensus		Comments
	BIBC/SIBC	SIBC (%)	
Absolute contraindications			
2.1 Active gastric ulcers in the body or fundus without signs of bleeding	CT	83.3%	85.7%
2.2 Active gastric ulcers in the antrum without signs of bleeding	CT	75.0%	80.9%
2.3 Ulcers in any other location without signs of bleeding	CT	71.9%	76.2%
2.4 Previous gastric surgery	CT	93.8%	100%
2.5 Esophageal varices	CT	84.4%	90.5%
2.6 Gastric varices	CT	90.6%	100%
2.7 Hiatal hernia > 5 cm	CT	71%	85.7%
2.8 Use of anticoagulant drugs	CT	87.5%	80.9%
2.9 Psychiatric disorders without control or treatment	CT	75.8%	95.2%
2.10 Grade C-D esophagitis according to the Los Angeles classification	CP	52.9%	76.2%
Relative contraindications			
2.11 Angioectasias without signs of bleeding	CT	75%	71.4%
2.12 Eosinophilic esophagitis	CP	81.3%	57.1%
		(42.9% absolute)	
		When symptoms: 8/25	
		Symptoms + ERFPS-1: 6/25	
2.13 Familial gastric polyposis	CP	62.5%	85.7%
2.14 HIV positive (Immunocompetent)	D	96.9%	19.1%
2.15 Antiplatelet agents	CP	46.8%	61.9%
Not considered as contraindications			
2.16 Gastritis	CT	83.3%	71.4%
2.17 Hyperplastic or benign polyp	CT	87.1%	71.4%
2.18 H. pylori positive	CT	90.7%	76.2%
2.19 Grade A-B esophagitis (L.A.)	D	80.7%	42.9%

CT:13, CP:4, D:2.

Tabla 3. Seguimiento (n=25)

Consensus statement comparison	Consensus		Comments
	BIBC/SIBC	SIBC (%)	
Preoperative assessment			
3.1 There is not mandatory endoscopy before placing the balloon. This can be performed during balloon implantation and suspended if necessary	CT	84.4%	95.2%
3.2 No imaging modalities are considered mandatory before placing the balloon (except for those imaging modalities required by the anesthesiologist)	CT	84.4%	95.2%
3.3 Lab tests should always be requested	CP	x	76.2%
			19/25 complete lab tests
Multidisciplinary team			
3.4 The presence of a dietician is mandatory	CT	100%	95.2%
3.5 The presence of a psychologist is mandatory	D	30%	80.9%
			BIBC: 70% not mandatory 15/25 Always prior and follow-up
3.6 The presence of an endocrinologist is not mandatory	CP	93.3%	61.9%
3.7 The presence of a psychiatrist is not mandatory	CT	96.8%	95.2%
			24/25 only when psychopathy
Post-implantation diet:			
3.8 Liquid diet	CT	✓	100%
Other recommendations:			
3.9 Carbonated drinks are ill-advised	CP	x	90.5%
3.10 When a second balloon implantation as new treatment for weight loss is needed, it should be performed within the same procedure used to remove the existing balloon	CP	x	71.4%
3.11 There is not limit for number of sequential balloon implants	D	100%	23.8%
			SIBC: s2 IGB (52.5%) n=16: no-limit n=9: s2 IGB
Medications			
During adaptation period:			
3.12 The prescription of medication is advised to avoid reactive symptomatology after implantation for 3 to 5 days	CT	93.8%	76.2%
3.13 PPIs	CT	96.3%	100%
3.14 Ondansetron	CT	85.2%	100%
3.15 Hyoscine/Scopolamine	CT	88.9%	80.9%
3.16 Steroid (Desamethasone)	D	70.4%	x
3.17 Anti-inflammatory drugs are ill-advised	CT	96.3%	100%
3.18 The use of metoclopramide is not recommended	CP	96.3%	66.6%
			23/25 only as ransom
After the adaptation period:			
3.19 The use of PPIs in mandatory throughout the entire treatment	CT	87.5%	100%
3.20 Anxiolytic/antidepressants are ill-advised	CT	78.6%	90.5%
3.21 Antifungal drugs are ill-advised	CP	x	100%
3.22 Anti-obesity drugs are ill-advised	CP	69.0%	66.7%
3.23 Start of physical activities after period adaptation	CP	87.1%	66.7%
3.24 Air travel after IGB implantation should be allowed after the adaptation period	D	x	x
			48.8% 52.4%
3.25 After balloon removal, clinical follow-up of the patient is recommended for at least 6-mo	CP	89.7%	42.9%
			SIBC: 12-mo: 38.1%

CT:12, CP:9, D:4.

Conclusiones

- En relación con el manejo del BIG, comparando BIBC/SIBC con más de 60.000 balones (12 distintos modelos y con 60 endoscopistas), atendiendo a parámetros clínicos (demográficos, indicaciones, contraindicaciones, seguimiento y resultados), existe consenso total en 57.4%, parcial en 31.1% y desacuerdo en 11.5%.
- La colaboración entre Grupos favorece un manejo clínico unificado.