Addressing the pediatric obesity epidemic: a single-center adolescent laparoscopic sleeve gastrectomy series with early outcomes

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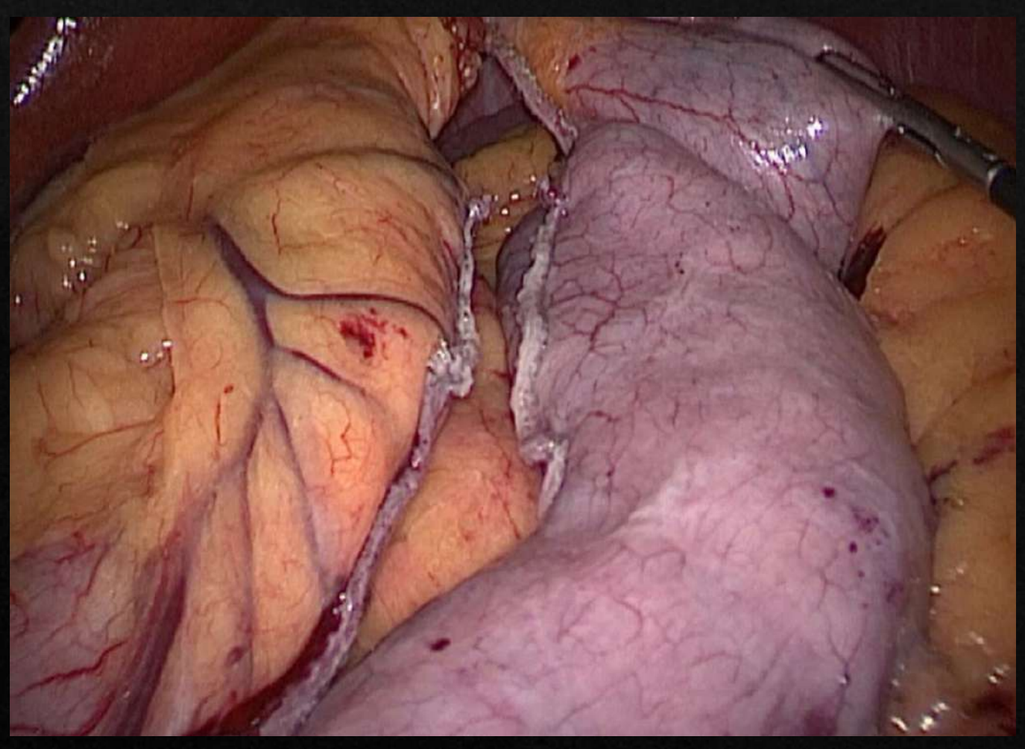
INTRODUCTION

Pediatric obesity is a silent epidemic — rapidly increasing, underestimated, and inadequately addressed. As severe obesity and metabolic comorbidities rise in adolescents, the limitations of lifestyle-based interventions have become evident.

METHOD

Between 2024 and 2025, 17 adolescents with BMI ≥35 kg/m² and obesity-related comorbidities underwent LSG. All patients were preoperatively evaluated by a multidisciplinary team including pediatric endocrinology, pediatric psychiatry, nutrition, and surgery.



BMI (kg/m²)	Maximum 64.3, Minimum 36.5
Hepatic Findings	Grade ≥2 hepatic steatosis
Mean Operative Time and Intraoperative findings	55 minutes; no leaks on methylene blue testing
Early Weight Loss (1 Month)	10–14% of initial body weight
Total Weight Loss (Follow-up)	20–42%, depending on duration of follow-up
Comorbidity Resolution	Clinical improvement in all patients with hypertension and/or type 2 diabetes

CONCLUSION

Laparoscopic sleeve gastrectomy (LGS) is safe,feasible and effective treatment option for selected adolescents with severe obesity.