He was prescribed to start a treatment with Saxenda (6mg/ml - started 0.6mg/day at week 1, with a gradual increase up to 3mg/day at week 5); Jardiance (25mg / day); Fluimicil (600mg); Ivermectin (6mg) and Colchicine (0.5mg every 12 hours). In addition, collection of laboratory tests was requested. Examination results: IL6: <1.5 pg/mL; Ferritin: 819 ng/ml; C-reactive protein: 5.1mg/L. On August 24, the patient was tachycardic (HR 120–140 bpm) associated with headache and fever (38 °C). Azithromycin (500mg), dexamethasone (4mg) and dipyrone (1g) were prescribed. Collection of laboratory tests was requested. Examination results: IL6: 9.3 pg/mL; Ferritin: 1085 ng/ml; C-reactive protein:23.9mg/L. On September 3, the patient was in good general condition, eupneic, afebrile, with no complaints to declare. On September 6, the collection of laboratory tests was requested. Examination results: IL6: <1.5 pg/mL; Ferritin: 687 ng/ml; C-reactive protein: 1.7mg/L. **Conclusion:** Based on the described report, it is possible to observe a good clinical and laboratory evolution of the patient with Covid-19 who, among the drugs used, made use of liraglutida. Diabetes and obesity are considered significant risk factors for morbidity and mortality by COVID-19, since they are a condition of low-grade chronic inflammation and in these conditions, inflammatory markers such as CRP, IL-6 and ferritin have strong signs of alteration. Thus, the possible beneficial effect of the administration of liraglutide in obese patients is highlighted, as a potential anti-inflammatory effect, especially in the COVID-19 era.

Adipose Tissue, Appetite, and Obesity

NOVEL INSIGHTS FROM THE CLINIC INTO THE DEVELOPMENT OF METABOLIC DISEASE: CASE REPORTS

Type 2 Diabetes Mellitus Remission in Obese Patients Under Bariatric Surgery: The Role of Preoperative Triglycerides Levels

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Background: There is abundant evidence reporting the relationship between triglycerides levels and type 2 diabetes mellitus, however few studies confirmed the influence of triglycerides levels on the incidence of diabetes. Bariatric surgery may lead to the remission of type 2 diabetes mellitus, but the effect of basal serum triglycerides levels on this reversal is unknown. This study aimed to assess the association between preoperative triglycerides levels and pre- and type 2 diabetes mellitus remission in obese patients one year after bariatric surgery.

Methods: A retrospective study was conducted among 1959 obese patients who underwent bariatric surgery in our entre. Data on socio-demographic and clinical characteristics were used. Pre-diabetes and type 2 diabetes mellitus remission was defined as normal glycaemic measures at least one year's duration without pharmacological therapy. Logistic regression models, crude and adjusted for sex, age, preoperative serum triglycerides levels and type of bariatric surgery, were used.

Results: The median of preoperative serum triglycerides level was 121.00 (SD=75.00) mg/dL, and 34.7% and 30.0% of patients presented pre- and type 2 diabetes mellitus, respectively, at baseline. Preoperative serum triglycerides levels were higher in type 2 diabetes mellitus patients (139.00 vs. 106.00 mg/dL, in normal glycaemic patients; $p<0.001$) and showed to be significantly correlated with fasting glycaemia, *glycated*
haemoglobin, homeostasis model assessment of insulin resistance and homeostasis model assessment of β-cell function. One year after bariatric surgery, 62.5% of patients with pre- or type 2 diabetes at baseline showed remission. Preoperative serum triglycerides levels were negatively associated with this remission (OR: 0.997; 95%CI=0.995–0.998), independently of, sex, age and type of bariatric surgery. **Conclusions:** One year after bariatric surgery, 62.5% of patients showed pre- or type 2 diabetes mellitus remission, being the preoperative serum triglycerides levels an important clinical parameter for remission.

Keywords: triglycerides, diabetes, remission, obesity, bariatric surgery

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NOVEL INSIGHTS FROM THE CLINIC INTO THE DEVELOPMENT OF METABOLIC DISEASE: CASE REPORTS

Untangling the Heterogeneity of Acquired Generalized Lipodystrophy

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Acquired generalized lipodystrophy (AGL) is characterized by extensive adipose tissue loss, subsequent development of metabolic disease with severe insulin resistance and hypertriglyceridemia and a varying spectrum of autoimmune or immune-dysregulatory features. We recently evaluated twelve patients (8 females, 4 males; age range: 14 - 54 years). The reported onset of fat loss varies from age 2 to 31 years of age but most patients presenting between age 3 and 19 years. The age of diagnosis varies from 4 to 53 years. Clinical panniculitis was reported in 4 patients. Although adipose tissue loss occurred in a generalized fashion, several patients had measured body fat as high as 35 percent on DEXA scans with leptinemia also covering a spectrum from undetectable levels to as high as 6.2 ng/ml. All patients had insulin resistance. Eight patients had diabetes (4 had type 1 diabetes). Dyslipidemia was diagnosed in 11 patients. Hepatic steatosis and/or elevated liver function tests were detected in all subjects. The liver disease was varied and had distinctive characteristics of episodic increases in liver tests in 4 with development of portal hypertension and splenomegaly. These patients