



Reply to Letter to Editor: Comment on “Improvement of Body Composition and Quality of Life Following Intra-gastric Balloon”

Silvia Mansur Reimão¹  · Maria Elizabeth Rossi da Silva²

Published online: 27 June 2018
© Springer Science+Business Media, LLC, part of Springer Nature 2018

Dear Editor,

Thank you for the opportunity to respond this Letter to the Editor.

We would like to inform that all usual procedures were taken to avoid errors during the bioimpedance analysis (BIA). All tests were done early morning, at the same time with constant temperature to keep the testing environment and methodology adequacy. The patients were carefully advised to avoid physical activities, alcohol, food, and medications before the test that was performed with 12-h-fasting and empty bladder.

As all these procedures are usual in clinical practice, they were not included due to the limited words of our article published as Brief Communication, but they are really very important to perform and evaluate the research.

To the best of our knowledge, BIA can be a feasible alternative tool to assess body composition because of its simplicity and noninvasiveness and had been validated with dual-energy X-ray absorptiometry (DXA) [1].

Comparing the amount of body and trunk fat mass measured by DXA to magnetic resonance imaging [2] or measured by BIA compared with X-ray computed tomography [3], it had been closely related.

Furthermore, the same patients were evaluated with the same device and in the same environmental conditions before and after treatment, which certainly helps to minimize small differences and validate our results.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

✉ Silvia Mansur Reimão
silvia_mansur@yahoo.com.br

Maria Elizabeth Rossi da Silva
mbeth@usp.br

¹ Gastrointestinal Endoscopy Unit, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, Av. Dr Enéas de Carvalho Aguiar, 225, 6° andar, bloco 3., São Paulo, SP 05403-010, Brazil

² Diabetes Unit, Endocrinology and Metabology Service, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, Av. Dr Enéas de Carvalho Aguiar, 225, 5° andar, bloco 4B., São Paulo, SP 05403-010, Brazil

References

1. Faria SL, Faria OP, Cardeal MD, et al. Validation study of multi-frequency bioelectrical impedance with dual-energy X-ray absorptiometry among obese patients. *Obes Surg.* 2014;24:1476–80.
2. Siegel MJ, Hildebolt CF, Bae KT, et al. Total and intra-abdominal fat distribution in preadolescents and adolescents: measurement with MR imaging. *Radiology.* 2007;242:846–56.
3. Nagai M, Komiya H, Mori Y, et al. Development of a new method for estimating visceral fat area with multi-frequency bioelectrical impedance. *Tohoku J Exp Med.* 2008;214(2):105–12.