of the mouth and throat and adipose depots around the airways contribute to the high prevalence of sleep apnea, although other factors may contribute to some forms, where central nocturnal hypoventilation also occurs.

Gastrointestinal Disorders Reflux esophagitis is the most common gastrointestinal complication of obesity, particularly occurring in those with high intraabdominal pressure. Gallstones are also more common in obese people, bringing increased risks of biliary colic, cholecystitis, pancreatitis, and gallbladder cancer.

Rheumatologic Disorders Osteoarthritis of the knee and gout are the two most common rheumatologic conditions clearly associated with obesity. Interestingly, despite obesity being described as a proinflammatory state, there is no evidence for an increase in rheumatoid arthritis or the seronegative arthritides among people who are obese.

Cancers Obesity is a risk factor for a number of common cancers. Indeed, it has recently been calculated that, at least in some countries, obesity has overtaken smoking as the greatest risk factor for developing cancer. Recent research has found that as the BMI increases by 5 kg/m^2, cancer mortality increases by 10%. The largest effects are on colorectal, kidney, and pancreatic cancer, adenocarcinoma of the esophagus, and, in women, endometrial carcinoma. The recent rapid increase in the prevalence of esophageal adenocarcinoma is likely related to the marked recent increase in reflux esophagitis due to the raised intraabdominal pressure (with or without hiatus hernia) characteristic of central obesity.

Response to Infection The fact that obesity can influence the outcome of some infections has become very apparent with the COVID-19 pandemic. Obese patients have a substantially worse outcome if infected by SARS-CoV-2 through mechanisms that are as yet unclear. Obese patients also appear to be more susceptible to bacterial wound infections and postoperative sepsis.