

THE FEASIBILITY OF AN ALTERNATE APPROACH TO ACUTE GASTRIC VOLVULUS

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INTRODUCTION

- Gastric volvulus (GV) comprises of rotation of the stomach along its longitudinal (organoaxial) or transverse (mesenteroaxial) axis.
- Acute GV is rare, with ischemic necrosis being the most feared complication and occurring in 11% of patients with a mortality up to 30%.
- Acute GV treatment is endoscopic or surgical, including endoscopic de-torsion and double percutaneous endoscopic gastrostomy (PEG) placement.
- Controversy exists regarding the role of endoscopic treatment as a temporary stabilizing treatment or as stand-alone primary treatment.
- Our aim was to assess the feasibility, safety, and efficacy of endoscopic de-torsion in the resolution of acute GV.

DISCLOSURES

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RESULTS

- 232 had EGD performed by a single surgeon, without concomitant surgery
 - 22 underwent successful de-torsion; 19 were females, all were Caucasian and nonsmokers.
- Mean age = 64 ± 16.0 years
- Mean BMI = 32 ± 8.4 kg/m².
- Minor mucosal ischemia and ecchymosis was present in 81% (n=20).
- Mean follow up was 18 months.
- No transmural necrosis was encountered.
- 54.5% (n=12) patients underwent subsequent hiatal hernia repair with mean time to surgery being 28 days (0 – 113 days)
- 31.8% (n=7) had severe medical comorbidities prohibitive to hiatal hernia repair and were offered laparoscopic gastropexy with gastrostomy tube or PEG placement.
- Average length of stay was 2 days (1 – 6days). Within 30 days of procedure, one patient developed surgical site infection, one had pneumothorax, and one was readmitted with pneumonia.
- There were no known recurrences of acute GV. Two patients were lost to follow-up and one patient died from an unrelated cause.

METHODS

- Single-institution, retrospective review was conducted for adult patients with a diagnosis of gastric volvulus (acute, organoaxial, mesenteroaxial) who underwent esophagogastroduodenoscopy (EGD) and de-torsion between 2010 and 2017.
- Patient medical records were reviewed and data on patient demographics, treatment received, and post-procedure clinical outcomes and need for surgical intervention were collected.
- Descriptive analysis were performed using IBM SPSS 25.0.

CONCLUSIONS

- Endoscopic de-torsion is a safe and feasible management option for acute GV.
- It allows the patient to be medically optimized prior to definitive surgical repair, and avoid the morbidity and mortality of emergent surgery.
- In patients with prohibitive medical comorbidities, a surgical intervention may even be completely avoided.