UNC SCHOOL OF MEDICINE
Department of Surgery

Endoluminal Transgastric Stenting for Internal Drainage of an "Orphaned" Stomach Segment after Revisional Gastric Bypass

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UNC HEALTH CARE

Background

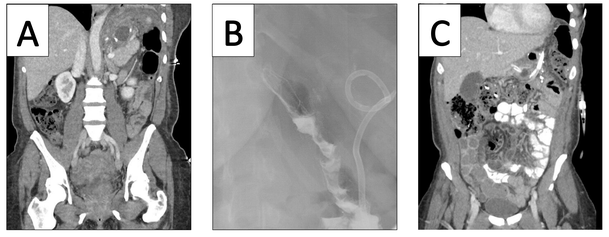
- Roux-en-Y Gastric Bypass (RYGB) has well defined early (infection, bleeding, leak) and late (marginal ulcer, dumping syndrome, weight regain, fistula) complications
- Revisional bariatric procedures are sometimes applied for weight regain or anatomic derangements
- We present an uncommon complication of RYGB revision, the creation of an "orphaned" stomach segment left in discontinuity, leading to recurrent intra-abdominal abscesses managed using a novel endoluminal treatment

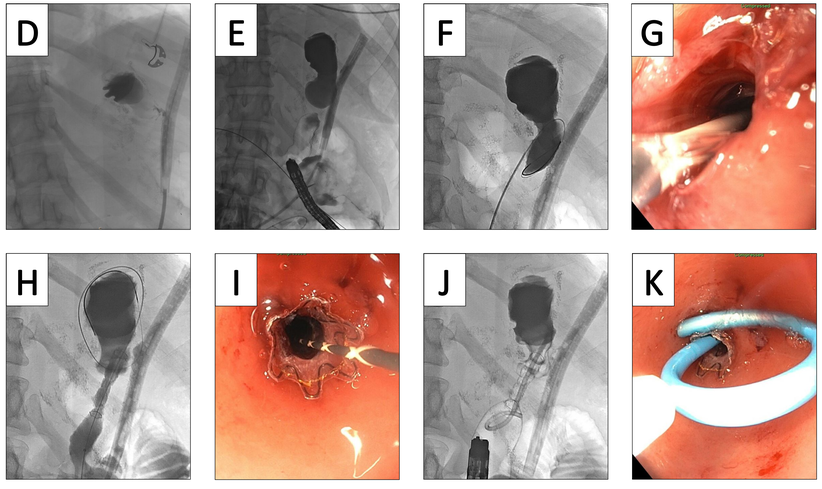
Case Presentation

- 43 female with morbid obesity, prior RYGB in 2014 followed by revision in 2019 for inadequate weight loss
- Surgery included gastric pouch revision, redo gastrojejunostomy, and resection of a portion of remnant stomach
- Post-operatively she developed left upper quadrant (LUQ) abscesses not amenable to percutaneous drainage requiring surgical exploration and washout

Results

- In 2020, presented to UNC with persistent LUQ abscess (A)
- Barium esophagram did not reveal a fistula (B)
- IR drainage resolved collection, but abscess re-accumulated after drain removal in clinic
- Patient underwent laparoscopic lysis of adhesions, abscess drainage, and remnant gastrostomy placement (C)
- On follow-up, repeat sinogram revealed fistula to an "orphaned" segment of gastric remnant (D).





Endoluminal Intervention

- Retrograde endoscopy via remnant gastrostomy re-demonstrated the fistula (E) and allowed for therapeutic intervention.
- A wire was passed into the "orphaned" segment (F) and balloon dilation of the gastro-gastric fistula was carried out (G) to facilitate placement of a covered stent (H – fluoro; I – endoscopy).
- On subsequent endoscopy a month later, a pigtail catheter was placed (J – fluoro; K – endoscopy) to preserve the gastro-gastric fistula patency, and the covered stent was removed

Outcome

- Patient recovered well from endoscopic procedures and was discharged home
- On follow up, no further episodes of LUQ pain or infectious symptoms
- CT imaging revealed resolution of abscess and patent stents
- She is scheduled for follow-up at the one year interval for endoscopic removal of stents

Discussion

- Recurring abscesses after revisional gastric surgery should raise suspicion of a gastric fistula arising from an "orphaned" segment of stomach
- Advanced endoscopic techniques may allow internal drainage without the need for major gastric resection