Robotic Approach To A Mass Within A Gastro-gastric Fistula After Gastric Bypass—Leaving A Gastric Antral Tube as Future Conduit

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Introduction

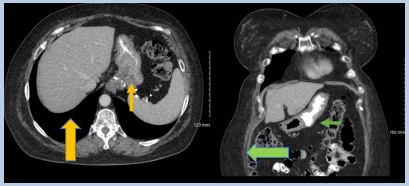
Gastric cancer after bariatric gastric bypass is extremely rare and has been previously reported in 17 patients. Diagnosis for gastric remnant malignancy can be challenging. The options include CT scan, EUS, EGD with double balloon enteroscopy, and laparoscopic-assisted trans-gastric endoscopy. A gastro-gastric fistula was observed in multiple studies with incidence ranging from 0.2%-5%. This was thought to be due to technical complications of inadequate division of the stomach. We present a case of a gastro-gastric fistula with a large gastric mass.

Case

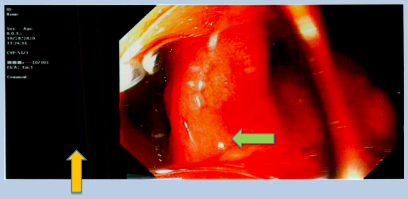
The patient is a 76-year-old female with a history of Barrett's esophagus and a Roux-en-Y gastric bypass in 2000 who was found to have a mass within a fistula from the gastric pouch to the remnant stomach on routine EGD. Pathology was suspicious for adenocarcinoma. A PET scan was completed that was consistent with malignancy in the proximal stomach. To complete the staging work-up, the patient underwent a CT scan, EGD and EUS. Final pathology showed intramucosal gastric adenocarcinoma and she was diagnosed with uT2N0M0 gastric cancer.

Case

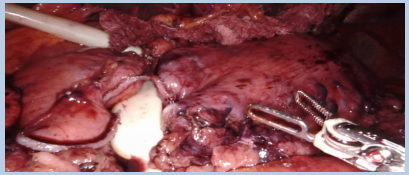
She underwent a robotic proximal gastrectomy and Janeway gastrostomy tube placement. To completely excise the gastro-gastric fistula and mass with adequate margins, a gastric pouch and proximal remnant gastrectomy was performed. Localization of the mass was achieved with EGD and indocyanine green injection. Additionally, a regional lymph node dissection was performed. The patient then underwent esophago-jejunal anastomosis and creation of Janeway gastrostomy with the gastric antral tube. Rationale of Janeway gastrostomy tube placement was twofold: to allow for decompression and possible need for a gastric conduit if revision was indicated in the future. The patient's final pathology showed villous adenomatous lesion measuring 5.5 cm with foci of adenocarcinoma in situ.



Axial (1) and sagittal (2) view of mass in the gastric remnant near fistula (yellow); contrast filling of the gastric remnant (green)



EGD showing gastro-gastric fistula (yellow arrow) with mass in the gastrojejunostomy (green arrow)



Creation of Janeway gastrostomy

Discussion

This case highlights the importance of routine EGD for patient with Barrett's esophagus after gastric bypass surgery and describes the rare finding of a gastric mass in the presence of gastro-gastric fistula. It also illustrates that a robotic partial gastrectomy with removal of gastric pouch and preservation of remnant gastric antrum is a feasible treatment.

References

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