Perforated gastric remnant ulcer after RYGB successfully treated with partial remnant gastrectomy: a case report.

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Introduction

Gastric remnant perforation secondary to ulcer disease is a rare complication of Roux-en-Y gastric bypass (RYGB) surgery. Awareness of this complication as well as early diagnosis and treatment is crucial to minimize associated morbidity and mortality.

Case Report

A 62-year-old male patient with remote history of **open RYGB** presented with acute abdominal pain, tachycardia, and diffuse peritonitis. Abdominal CT revealed peri-gastric edema, small foci of **pneumoperitoneum** in the upper abdomen, and small volume ascites. The differential diagnosis included **perforated marginal ulcer versus perforation of a gastric or duodenal ulcer in the excluded segments**.

The patient was taken to the operating room for **emergent diagnostic laparoscopy**. Upon exploration, a large volume of bile was noted in the left upper abdomen. After extensive lysis of adhesions, a **1cm perforation** in the proximal body of the **gastric remnant** along the greater curvature was identified. The patient was successfully treated with **partial remnant gastrectomy**, effectively removing the perforated ulcer. Two 19 Fr drains were placed in the left upper quadrant.

Final pathology revealed a **benign focal gastric perforation**. No helicobacter organisms were identified on immunostaining. He was discharged home on POD 3 on a PPI.

Discussion

Incidence of ulcer disease in excluded segments after RYGB is unknown; related literature is limited to small case series. A recent series of 7 patients reported an overall gastric remnant complication rate of **0.3%**[1] The incidence of this complication is likely to increase as the number of bariatric procedures continues to rise annually in the United States.[2] Up to 5% of gastric ulcers harbor underlying malignancy.[3]

Given the relative paucity of literature, there is no consensus regarding the optimal surgical management of perforated gastric remnant ulcers. We argue that **partial remnant gastrectomy should be considered over Graham patch or primary suture repair.**

Partial remnant gastrectomy offers a definitive solution that eliminates the risk of **missed malignancy** and need for further **endoscopic surveillance**, which can be challenging due to altered gastrointestinal anatomy after RYGB.

References

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