Gastroduodenal Intussusception after Roux-en-Y Gastric Bypass: A Case Report

Karina Lo, MD, Antonio Lam, DO, Burritt Haag (III), MD, FACS
Department of Surgery, University of Massachusetts Chan Baystate Medical Center, Springfield, MA, USA

Introduction

- Gastroduodenal intussusception is an extremely rare presentation of intussusception in adults
- A portion of the stomach invaginates through the pylorus into the duodenum
- Most common caused by a mobile gastric tumor as the lead point

Aim

- To present a case of gastroduodenal intussusception in a patient who had previously undergone a Roux-en-Y gastric bypass (RYBG)

Case Presentation

- 56YO Female
- PMH: Hypothyroidism, GERD, prior gastric band placement with conversion to RGYB
- Presentation: Altered mental status, nausea, vomiting x 2 days
- Recent worked up for persistent epigastric pain and regurgitation
- Last esophagoduodenoscopy (EGD) 2 years prior was unremarkable with healthy mucosa at gastrojejunal anastomosis
- **Vitals:** T 98.7 HR 108 BP 163/94 SpO2 95% 2L
- **Labs:**

	15.9			
11.9		156		
	46.1			

135	97	18	122
3.7	24	0.7	

- **Imaging:** CT abdomen/pelvis with PO and IV contrast (Image 1)

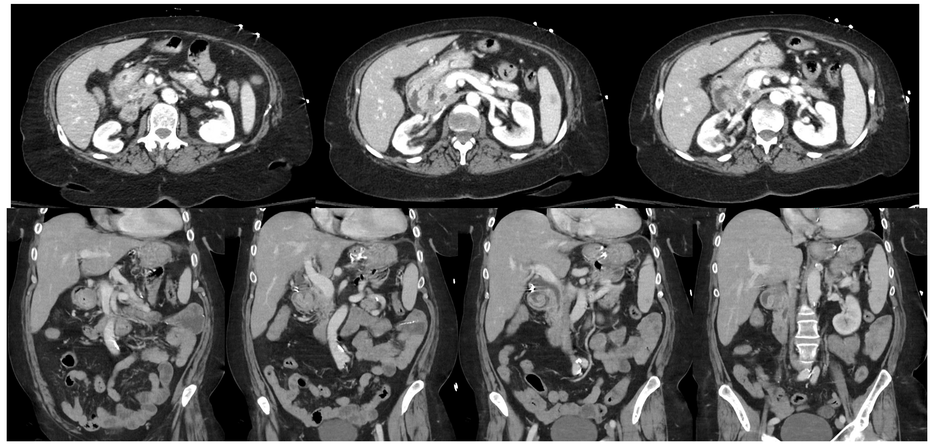


Image 1: CT Abdomen/pelvis with PO and IV contrast showing an unusual appearance of the first portion of the duodenum, likely representing intussusception. No obvious mass or lead point can be identified.

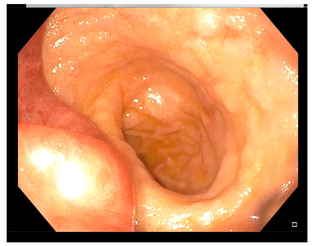


Image 2: Mucosal irritation at the pylorus



Image 3: Small duodenal polyp

Operative Findings

- Diagnostic laparoscopy → Normal gastric remnant anatomy without evidence of intussusception
- Laparoscopic assisted EGD via gastric remnant
  - Gastrotomy made in remnant and gastric wall secured to a 15mm port to allow for endoscopic access
  - Mucosal irritation at the pylorus (Image 2)
  - Small duodenal polyp → biopsied (Image 3)
- Gastrotomy closed and gastropexy was performed, securing the remnant stomach to the left subcostal area

Postoperative Course

- Unremarkable postoperative course; discharged POD1
- Pathology results: normal small bowel mucosa without pathologic changes

Conclusions

- Gastroduodenal intussusception ahs not been described as a complication of RYGB, clinical significance is unknown
- Gastroduodenal intussusception should be evaluated due to risk of malignancy
- If there is no identifiable cause of intussusception, gastropexy of the remnant stomach should be considered to prevent further recurrence

Disclosures: None of the authors have any conflict of interests