Remnant Stomach Bleeding Ulcer as a Rare Complication of Roux-en-Y Gastric Bypass Surgery: A Case Series and Review of the Literature

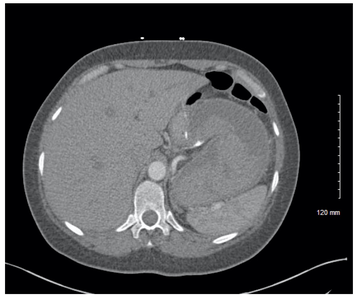
Adrian P Estrada, DO, Mir Mazhar, DO, Aagna Patel DO, Nandita Rao, MD, Ransford Commey, MD, FACS, FASMBS
Wynn Hospital, Utica, NY

Introduction

- Bleeding peptic ulcers in the remnant stomach after a Roux-en-Y gastric bypass (RXYB) surgery remains a rare but serious complication
- The altered anatomy after a RXYB surgery poses a diagnostic and therapeutic challenge for the bleeding peptic ulcer in the remnant stomach

Case 1

- 51-year-old female, status post RXYB surgery presenting with left upper quadrant pain and anemia
- One week prior, patient was admitted for similar symptoms and diagnosed with symptomatic iron deficiency anemia. During that admission esophagogastrojejunoscopy (EGJ) and colonoscopy were negative for signs of acute gastrointestinal bleed
- Computed Tomography Angiography (CTA) of the abdomen showed active bleeding into the remnant stomach

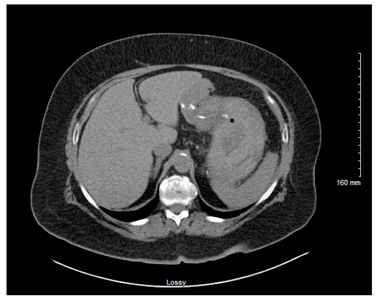


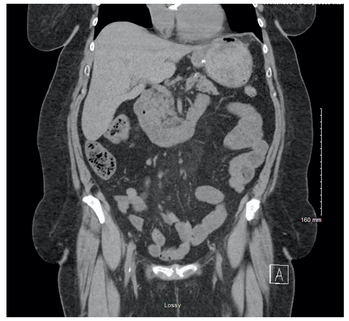


- There was no Interventional Radiology (IR) coverage at this time for possible embolization, and patient underwent laparoscopic total remnant gastrectomy
- Intraoperatively found to have a large hematoma in the remnant stomach
- Pathology of remnant stomach showed extensive hemorrhagic/erosive gastritis, focal transmural perforation with acute serositis, Helicobacter pylori (H. pylori) was negative, and no malignancy was found

Case 2

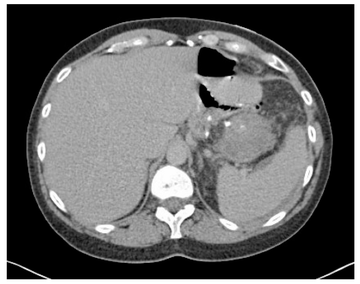
- 69-year-old female, status post RXYB surgery presenting with generalized abdominal pain, nausea and emesis while on Coumadin for aortic valve replacement
- CTA showed distention of the remnant stomach with a complex fluid collection and active extravasation in the superior portion of the remnant stomach fundus
- IR performed embolization of the superolateral branch of the left gastric artery and laparoscopic partial remnant gastrectomy was performed with intra-operative EGJ showing no signs of inflammation or ulceration
- Proximal remnant stomach was noted to be distended and discolored with approximately 750 mL of old clot noted inside

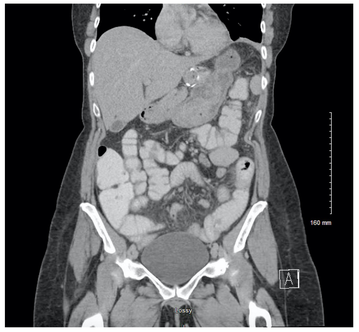




Case 3

- 59-year-old female status post RXYB surgery presenting with epigastric pain and melanotic stool. Computed Tomography abdomen and pelvis showed high-density material in the lumen of the remnant stomach
- Nuclear medicine scan localized bleeding to the left upper quadrant of the remnant stomach but during mesenteric angiogram no active source of bleeding was found
- Patient required packed red blood cells but was hemodynamically stable then underwent laparoscopic total remnant gastrectomy





Conclusion

- Endoscopy is helpful in assessing the gastric pouch and Roux limb, but laparoscopic remnant gastrotomy or double balloon enteroscopy is required for evaluation of the remnant stomach and biliopancreatic limb
- Surgical exploration and remnant gastrectomy is the definitive treatment for bleeding ulcers in the remnant stomach in hemodynamically unstable patients

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