Post-obesity surgery esophageal dysfunction and Epiphrenic Diverticulum Detection Post-Laparoscopic Sleeve Gastrectomy: A Rare Case Report

Evelyn Dorado A. MD FACS FASMBS. Andres Romero MD. . Christus Sinergia Farallones Clinic. Cali. Colombia

Introduction

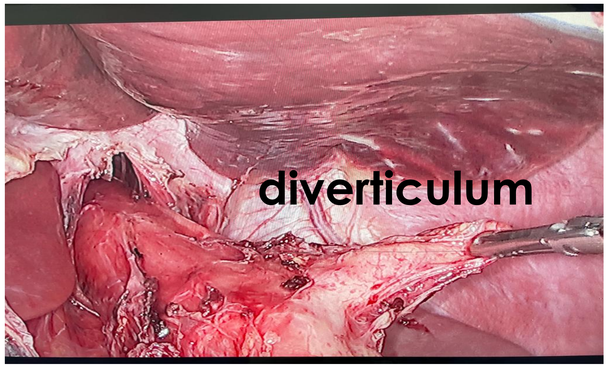
Esophageal dysfunction after bariatric surgery, known as post-obesity surgery esophageal dysfunction (POSED), is a recognized complication that includes symptoms similar to achalasia. This can occur following procedures such as laparoscopic sleeve gastrectomy (LSG) and Roux-en-Y gastric bypass (RYGB). POSED is characterized by the absence of peristaltic waves in the esophagus and increased intragastric pressure, significantly affecting esophageal motility and causing dysphagia. It may be related to the appearance of epiphrenic diverticula due to increased intraluminal pressure and alterations in esophageal peristalsis. These conditions can contribute to the development of epiphrenic diverticula because of the esophagus's difficulty in properly managing the transit of esophageal contents, leading to the formation of these diverticula as a result of abnormal pressure and altered motility.

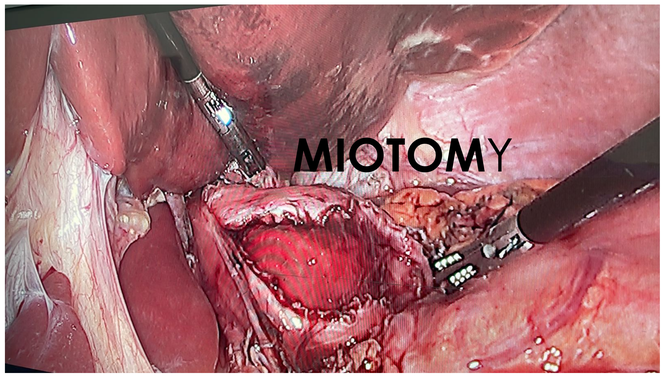
Metods and Procedures

A 30-year-old female patient, who in 2018 with BMI 34, severe hypertriglyceridemia, xanthelasmas, and fatty liver, was managed with GLP-1 analogs with medication intolerance and insufficient weight loss. Therefore, it was decided to perform a laparoscopic sleeve gastrectomy without complications. She reached her target weight six months after surgery. Five years postoperatively, she began experiencing mild dysphagia and food regurgitation, prompting further studies.

Results

Endoscopy showed evidence of a small orifice above the esophagogastric junction, compatible with an epiphrenic diverticulum. An esophagram showed evidence of a sac above the esophagogastric junction filling with contrast medium, measuring 3 cm.





Manometry could not be performed due to the patient not tolerating the study. The patient underwent laparoscopic epiphrenic diverticulectomy and myotomy with diverticulum resection using mechanical suturing. She was hospitalized for one night and discharged the next day without complications or postoperative reflux.

Conclusion

An epiphrenic diverticulum of the esophagus is an outpouching of the mucosal and submucosal layers of the esophagus, generally affecting the distal third segment of the esophagus. Lesions are considered pulsion type, as they are accompanied by esophageal dysmotility and are related to esophageal dysfunction secondary to bariatric surgery. Treatment consists of laparoscopic diverticulectomy and cardiomyotomy. In patients with laparoscopic surgery, partial fundoplication is not possible. Currently, the patient has no reflux and no recurrence of symptoms.

Obesity & Esthetic Surgery Clinic
Bariatric and Plastic Surgery