Bile Leak Complicating Internal Hernia Two Decades Following Gastric Bypass

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Introduction

- Internal hernias are an uncommon but clinically significant cause of small bowel obstruction (SBO), representing fewer than 1% of cases overall.
- In patients undergoing Roux-en-Y gastric bypass, internal hernias are reported in 2–9% of cases
- Hyperbilirubinemia and dilated bile ducts can occur in these scenarios because of increased pressure in the bile duct secondary to intestinal obstruction.

Case Presentation

- A 69-year-old female presents with epigastric pain, nausea, vomiting
- PSHX: gastric bypass 20 years prior, and SBO secondary to adhesions requiring surgery, and multiple hernia repairs
- No bowel function for two days

Imaging

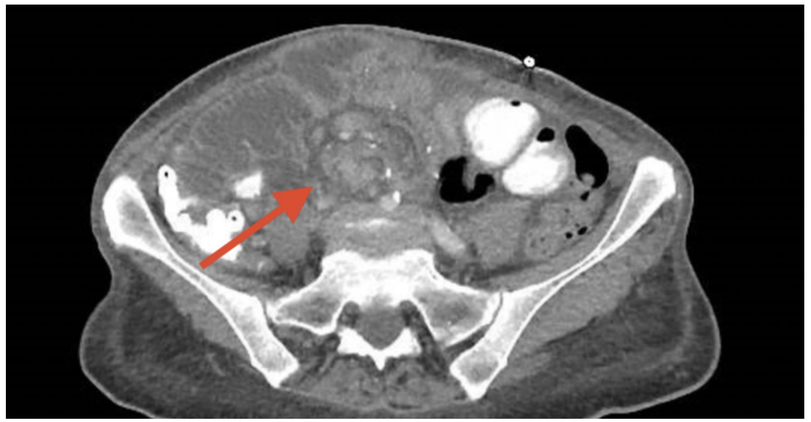

Figure 1 CT A/P: small bowel obstruction with dilation of both the roux limb and pancreaticobiliary limb and swirling of the small bowel mesentery.

Surgical Intervention

- Diagnostic laparoscopy converted to open laparotomy for dense lysis of adhesions
- Internal hernia identified, reduced and repaired
- During exploration, the bile duct was identified leaking bile from Segment 2 of the liver near the prior gastrohepatic ligament.
- The duct was carefully suture-ligated without complications.

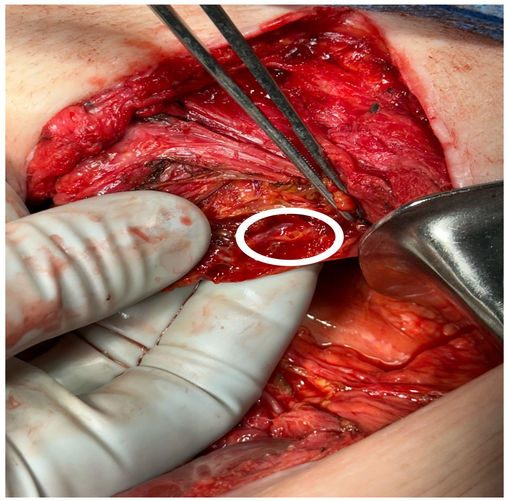

Figure 2: Leaking bile duct

Discussion

- The intestinal obstruction caused dilatation of the duodenum, intrahepatic and extrahepatic bile ducts.
- Therefore, a small capsular peripheral hepatic injury during the lysis of adhesions can cause significant bile leak.
- This underscores the significance of being cautious during these procedures to minimize hepatic injuries.