



INTRODUCTION

- Gastrojejunal (GJ) anastomotic stricture is a recognized complication after RYGB, often causing dysphagia, nausea, and poor oral intake.
- Endoscopic balloon dilation is the first-line treatment but is frequently limited by recurrence and the need for repeated interventions.
- Lumen-apposing metal stents (LAMS) provide larger luminal support and anchoring and have emerged as an alternative for refractory strictures.
- This study evaluate the clinical effectiveness of LAMS and explore the potential benefit of concurrent stricturoplasty in patients with refractory GJ strictures.

METHODS AND PROCEDURES

- Retrospective cohort study of patients with GJ stricture after RYGB treated with LAMS at a tertiary center (2020–2025).
- Demographics, comorbidities, prior balloon dilations, stent dwell time, and procedural details; patients stratified by concurrent stricturoplasty.
- Clinical success defined as partial/complete symptom improvement at ≤30 days and >90 days; analysis with t-tests and chi-square tests.

RESULTS

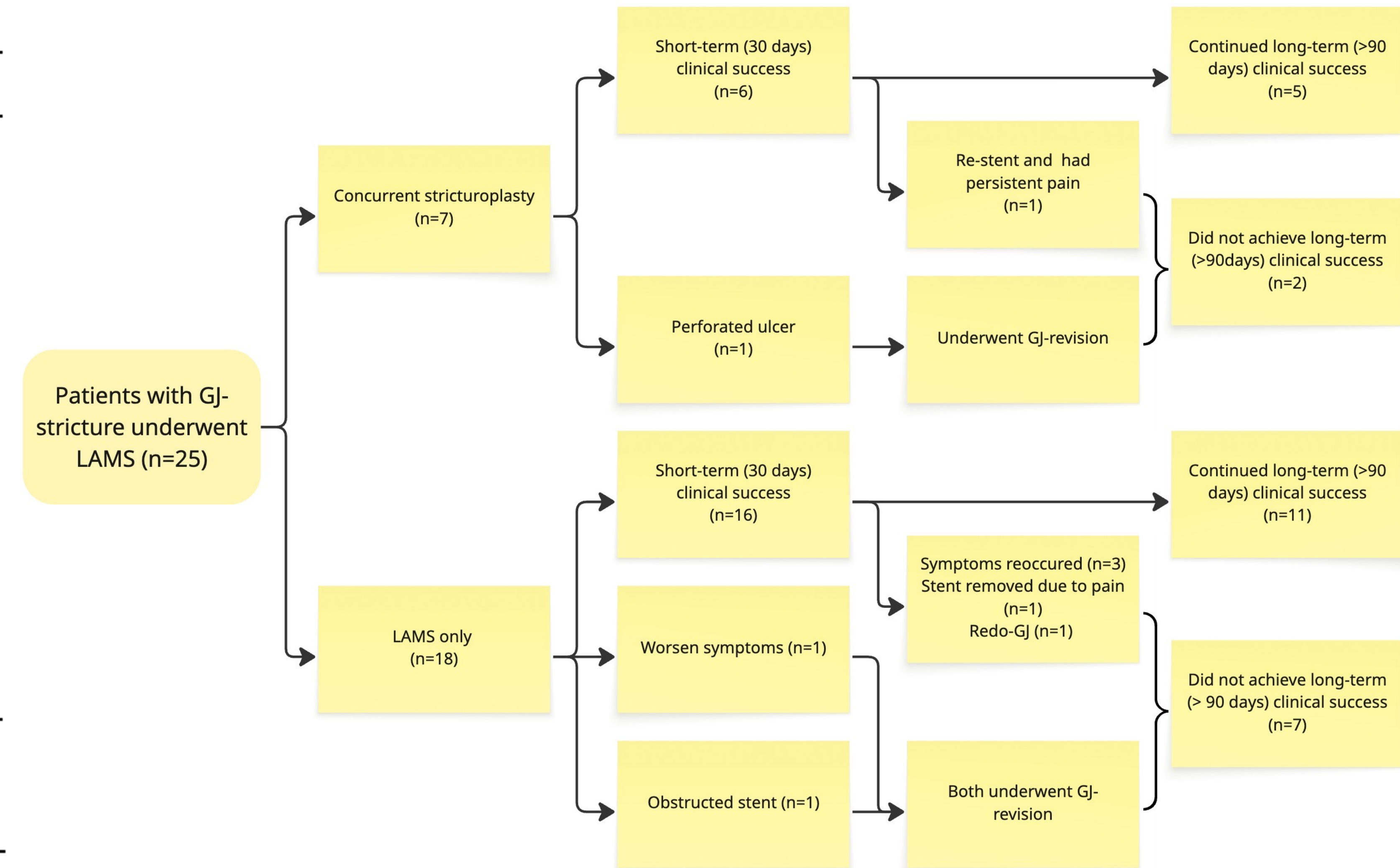
- 25 patients (mean age 46.8 ± 12.9 years; 76% female); mean time from RYGB to stricture 8.7 ± 8.1 years; mean follow-up 273 ± 180 days.
- 7 patients (28%) underwent concurrent stricturoplasty.
- Overall short-term 88%, long-term 64%; long-term success 71.4% with stricturoplasty vs. 61.1% without.
- Prior balloon dilations ≥3 were more common with stricturoplasty (85.5% vs. 16.7%); stent dwell time shorter (52.6 ± 17.6 vs. 90.4 ± 62.4 days).
- 3 stent migrations occurred in the non-stricturoplasty group; none required further intervention.

Characteristics of patients underwent Lumen-apposing metal stents

Variable	Total Cohort (n, %)	Stricturoplasty (n=7)	LAMS alone (n=18)	P value
Age	46.8 ± 12.9	47.3 ± 14.6	46.6 ± 12.9	0.022
	51.9 (39.1, 56.8)	48.1 (36.9, 57.4)	52.0 (39.2, 55.3)	
Surgery to stricture(years)	8.7 ± 8.1	4.1 ± 7.3	10.0 ± 8.0	0.692
	8.5 (1.2, 15.1)	1.4 (0.3, 1.6)	11.4 (2.7, 16.9)	
Female	19 (76.0%)	5 (71.40%)	14 (77.80%)	1
DM	8 (32.0%)	2 (28.60%)	6 (33.30%)	1
HTN	12 (48.0%)	4 (57.10%)	8 (44.40%)	0.900
CVD	2 (8.0%)	0 (0.00%)	2 (11.10%)	0.922
CKD	2 (12.0%)	1 (14.30%)	2 (11.10%)	1
Smoking	15 (60.0%)	4 (57.10%)	11 (61.10%)	1
NSAIDs use	4 (16.0%)	4 (57.10%)	0 (0.00%)	0.004
HP+	2 (8.0%)	0 (0.00%)	2 (11.10%)	0.922
Balloon dilation >3+	9 (36.0%)	6 (85.50%)	3 (16.70%)	0.006

Outcomes of patients underwent Lumen-apposing metal stents

Outcome	Total Cohort (n, %)	Stricturoplasty (n=7)	LAMS alone (n=18)	P-value
Dwell time	78.36 ± 54.84	52.57 ± 17.64	90.40 ± 62.37	0.896
	57.0 (46.0, 99.0)	49.0 (43.0, 51.5)	91.0 (50.0, 128.5)	
Short term (≤30 Days)	22 (88.0%)	6 (85.5%)	16 (88.9%)	1
Long term (>90 days)	16 (64.0%)	5 (71.4%)	11 (61.1%)	0.985
Stent migration	3 (12.0%)	0 (0%)	3 (16.7%)	0.641
Procedure time	20.33 ± 12.05	24.50 ± 9.87	18.67 ± 12.73	
	16.00 (11.00–30.00)	23.00 (16.00–33.00)	13.00 (10.50–26.00)	
Follow up(days)	273.29 ± 180.44	289.86 ± 278.04	266.47 ± 132.84	
	280 (112, 372)	170 (103, 364)	312 (209, 361)	
Stricture-to-Procedure Interval(days)	531.3 ± 954.2	625.1 ± 1430.5	494.8 ± 747.0	0.545
	94.0 days (60.0–331.0)	69.0 days (48.5–166.5)	144.0 days (60.8–440.5)	
GJ revision	4 (16%)	1 (14.3%)	3 (16.7%)	1



CONCLUSIONS

- LAMS is a safe and effective option for managing GJ strictures after RYGB, particularly in patients who fail conventional balloon dilation.
- Concurrent stricturoplasty appears technically feasible and well tolerated in select patients with refractory strictures.
- A trend toward improved long-term success and reduced stent migration was observed with stricturoplasty.
- Further prospective, multicenter studies are needed to confirm these findings and define standardized indications.