Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

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DOI: 10.17235/reed.2025.11193/2025
Link: PubMed (Epub ahead of print)

Please cite this article as:
Hurtado Vázquez Andrea M.ª, Sánchez Cifuentes Ángela, Tamayo Rodríguez María Encarnación, Ruiz Marín Miguel, Candel Arenas Mari Fe. Neoplasia of the gastric remnant after bypass, repercussions of delay in diagnosis. Rev Esp Enferm Dig 2025. doi: 10.17235/reed.2025.11193/2025.

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Neoplasia of the gastric remnant after bypass, repercussions of delay in diagnosis

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Keywords: Gastric bypass. Gastric stump. Carcinoma.

Dear Editor,

Gastric bypass is the most frequently performed bariatric technique, with a notable increase in procedures in recent decades. Its effectiveness in weight loss and resolution of comorbidities is well established, but it is not free from complications. Gastric remnant neoplasms after bypass develop in the excluded stomach portion, usually as adenocarcinomas. Though infrequent, their risk increases due to anatomical and physiological changes induced by surgery, such as altered gastric secretion and microbiota. Early diagnosis is challenging due to endoscopic inaccessibility and nonspecific symptoms like iron deficiency anemia or weight loss. Diagnostic delay often results in detection at advanced stages, complicating treatment and worsening

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prognosis. This leads to reduced survival and the need for aggressive therapies, such as radical gastrectomies or palliative chemotherapy. Close surveillance of at-risk patients is crucial.

We present a case of a 56-year-old male who underwent gastric bypass 11 years ago and developed dysphagia over three months, with a 9 kg weight loss and anemia requiring oral iron. A recent gastroscopy showed mild inflammation at the gastrojejunal anastomosis without obstruction. However, CT revealed gastric obstruction of the biliopancreatic loop (Figure 1) caused by a 3 cm intraluminal parietal tumor in the antrum, without perigastric lymphadenopathy but with small diffuse ascites.

The patient underwent robot-assisted laparoscopic surgery, revealing significant gastric remnant dilatation, peritoneal implants, and ascitic fluid. Tumor infiltration was observed at the pyloric level and minor curvature. Upon opening the stomach, 1 liter of gastric content was aspirated, and a bypass gastrojejunostomy was performed. Postoperatively, the patient developed jaundice and progressive dilatation of the right hepatic radicals, requiring placement of a percutaneous internal-external radiological catheter. Dysphagia worsened, and a gastroscopy revealed gastrojejunostomy stenosis due to tumor infiltration. A metallic prosthesis was placed to maintain gastrointestinal tract patency. The patient was discharged two weeks later under palliative care.

The scientific literature reports no more than 24 cases of gastric remnant neoplasia after bypass. In our experience, among over 800 procedures since 2006, this is the first diagnosed case. Most tumors are located in the antro-pyloric region, with adenocarcinoma being the most frequent histology. Diagnosis is often delayed due to inaccessibility via endoscopy and overlapping symptoms with typical bariatric surgery effects. Consequently, these tumors are usually identified in advanced stages, further worsening their prognosis. Given the low incidence of this pathology, a high index of suspicion and close patient follow-up are essential to improve early detection and outcomes.

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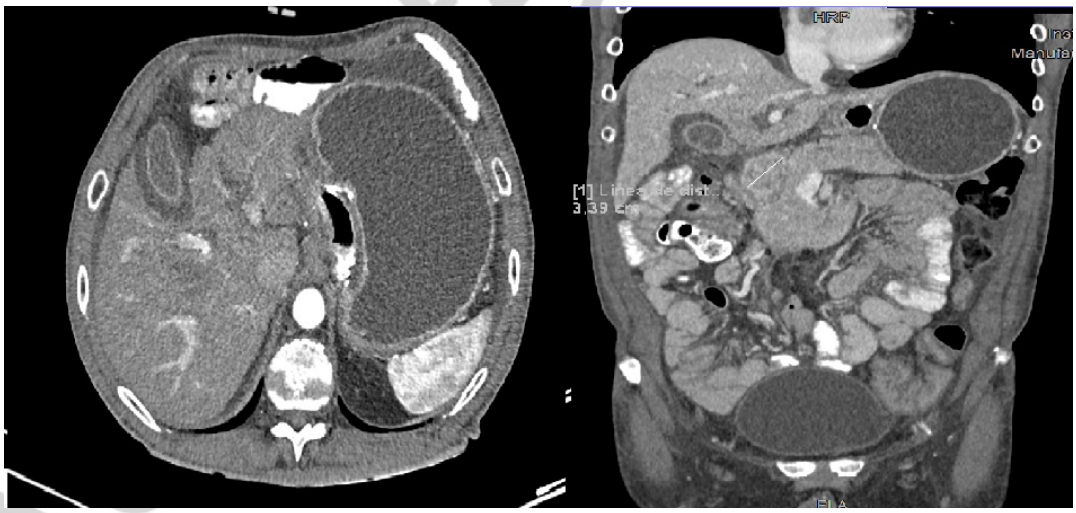

Figure 1. CT scan showing gastric obstruction of the biliopancreatic loop with intraluminal parietal tumor of 3.39 cm in the antrum.