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Late mesh migration after Nissen funduplication mimicking a gastric neoplasm

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Dear Editor,

A 63-year-old female with a Nissen funduplication that was diagnosed nine years previously presented with abdominal pain, weight loss and occasional dysphagia of a few months duration. A computed tomography (CT) scan identified an extensive gastric tumor with a subtle curvature and cardia with distal esophagus circumferential enlargement. Gastroscopy identified gastric linitis plastica with many attached residues. The biopsy was compatible with inflammatory changes. A linear echoendoscopy identified an area at the cardia level that was compatible with a foreign body with a lineal hyperechoic irregular focus. This was compatible with migrated mesh that involved all layers, with small reactive perilesional adenopathies (Fig. 1). A subsequent gastroscopy identified the migrated mesh in the gastric lumen and periorificial mucosa with granulation tissue.

Discussion

The strengthening of the union with meshes has become popular in order to reduce the recurrence of Nissen funduplication (1). Low complications rates are described (2), with a migration rate to the digestive lumen of less than 2.5% at five years (3). There were no longer term studies in the literature. Good results have been described with

endoscopic removal, especially when visible suture stitches are cut and removed in block (4). This was not possible in our case due to the decision of the patient, who preferred surgery. The symptoms of this complication are similar to those of gastric neoplasia (5), which together with the findings described, led us to the initial idea of a malignant neoplasm with deep layer involvement. This case represents an unusual finding of a complication which requires a high index of suspicion.

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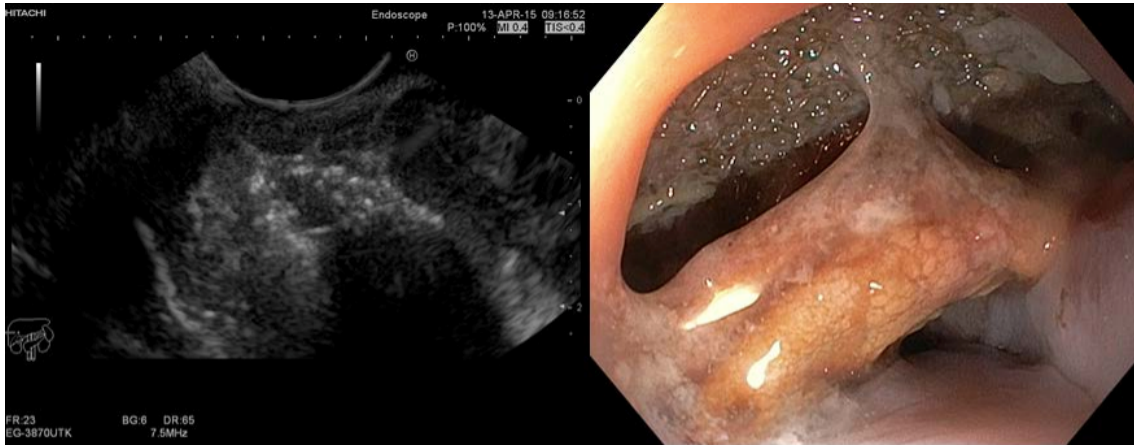


Fig. 1. A. Lesion under echoendoscopy view showing multiple hyperechoic foci. B. Lesion under direct view showing the mesh inside the pseudo-gastric diverticulum.