

Title:

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Authors:

Lidia Serrano Díaz, Javier Jiménez Sánchez, Juan José Martínez Crespo

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The gastro-gastric fistula as a complication of a gastric bypass

Lidia Serrano Díaz

Hospital General Universitario Reina Sofía de Murcia. Murcia, Spain

Correspondence: Lidia Serrano Díaz

e-mail: lydiaserranodiaz@gmail.com

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Dear Editor,

The gastro-gastric fistula is an infrequent complication of bariatric surgery and should be suspected in cases of weight gain or sickness. An upper digestive endoscopy or other imaging techniques are necessary for diagnosis, such as a barium-based contrast examination or computed tomography (CT) with water-soluble contrast.

Case report

We present the case of a 49-year-old male who had undergone bariatric surgery via a gastric bypass technique eight years previously. He was referred to the Digestive Diseases Department due to nausea and weight loss over several months. The esophageal-gastric endoscopy showed a normal esophagus and a gastroenteric anastomosis with undamaged intestines. However, there was a double-barrelled image near the gastric stump. The intestinal lumen was navigated corresponding to the jejunum and there was a cavity with gastric folds, antrum and pylorus of a normal appearance when the other lumen was accessed. The second duodenum portion appeared to be undamaged with another light. These findings corresponded to a gastro-gastric fistula.

The study was completed with an esophageal-gastric-jejunal contrast, which showed that the dye went from the gastric stump through the fistulous tract to the stomach

and then to the duodenal area. Therefore, the patient is pending surgical treatment.

Discussion

The gastro-gastric fistula is an abnormal communication between the proximal gastric reservoir and the distal bottom of the excluded stomach. It usually occurs during the late postoperative period of a gastric bypass in < 1% of the patients (1). It is important to consider this possibility in patients that present with clinical signs (2).

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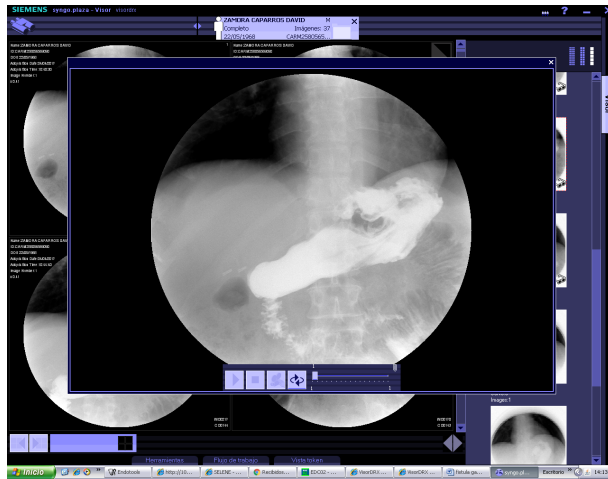


Fig. 1. Esophageal-gastric-duodenal contrast which shows the migration of the dye through the fistulous tract from the gastric stump to the excluded stomach.

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