

Gastro-gastric Fistula: A Rare Complication for One Anastomosis Gastric Bypass

Midhat Abu Sneineh^{1*}, Hasan Kais²

¹ Hasharon campus, Rabin medical center, israel

² Shamir medical center, israel

Article Info

Received: January 28, 2021

Accepted: February 01, 2021

Published: February 11, 2021

***Corresponding author:** Midhat Abu Sneineh, Hasharon campus, Rabin medical center, israel.

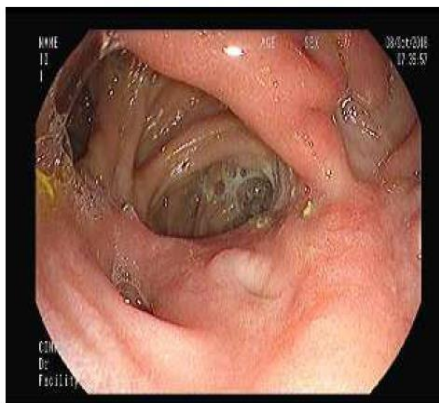
Citation: Midhat Abu Sneineh, Hasan Kais (2021) Gastro-gastric Fistula: A Rare Complication for One Anastomosis Gastric Bypass. *Clinical Case Reports and Clinical Study*, 2(2); DOI: 10.61148/2766-8614/JCCRCs/015

Copyright: © 2021 Midhat Abu Sneineh, This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

History

A 68-year-old patient was referred to our institution electively (OAGB/MGB). In 2016, he underwent a laparoscopic (OAGB/MGB) (preoperative body mass index (BMI) was 41). . 8-months later, he presented to us with sudden upper abdominal pain, normal blood tests. CT was done that revealed free peritoneal air . He underwent a laparoscopic omentopexy for perforated ulcer at the anterior wall of the anastomosis. 7-months later, he had slight abdominal pain and heartburn that were partially responding to proton pump inhibitors. Gastroscopy was done and revealed gastro-gastric fistula.

The patient BMI now is 27 static for 6 months.



השקה ניתוחית - פתחי לולאה A פרנטית E ,
פרנטית ופתח נוסף - לקיבה 08:33

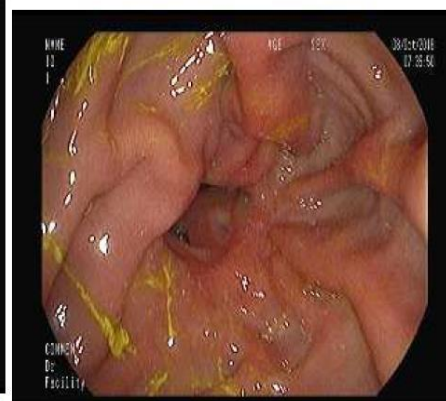


Image 2 08:33



Discussion

The incidence of long-term bile reflux after OAGB/MGB has been reported to range from 0.4 to 4% [3, 4, 5, 6, 7, 8].



Musella et al. and Carbajo and colleagues reported that all patients in their series were managed conservatively and none required surgical intervention for bile reflux [7, 8]. Other authors reported several patients requiring revisional surgeries for bile reflux. Noun and colleagues reported that 0.4% of their patients required conversion to RYGB for bile reflux while Bruzzi et al. reported a 1.6% conversion rate to RNY for bile reflux [5,].

Gastro-gastric fistula after primary MGB was never reported in the literature ,abdelrahman reported Gastro-gastric fistula after conversion operation from LASG to MGB

Conclusion

Gastro-gastric fistula is an unusual etiology of bile reflux after primary OAGB/MGB that was rarely reported in the literature.

References

1. Rutledge R. The mini-gastric bypass: experience with the first 1,274 cases. *Obes Surg.* 2001;11(3):276–80.
2. Angrisani L, Santonicola A, Iovino P, et al. Bariatric surgery and endoluminal procedures: IFSO Worldwide Survey 2014. *Obes Surg.* 2017;27:2279–89.
3. Musella M, Susa A, Greco F, et al. The laparoscopic mini-gastric bypass: the Italian experience: outcomes from 974 consecutive cases in a multicenter review. *SurgEndosc.* 2014;28(1):156–63.
4. Musella M, Susa A, Manno E, et al. Complications following the mini/one anastomosis gastric bypass (MGB/OAGB): a multi-institutional survey on 2678 patients with a mid-term (5 years) follow-up. *Obes Surg.* 2017;27(11):2956–67.
5. Bruzzi M, Rau C, Voron T, et al. Single anastomosis or mini-gastric bypass: long-term results and quality of life after a 5-year follow-up. *SurgObesRelat Dis.* 2015;11(2):321–6.
6. Bruzzi M, Voron T, Zinzindohoue F, et al. Revisional single-anastomosis gastric bypass for a failed restrictive procedure: 5-year results. *SurgObesRelat Dis.* 2016;12(2):240–5.
7. Noun R, Skaff J, Riachi E, et al. One thousand consecutive mini-gastric bypass: short- and long-term outcome. *Obes Surg.* 2012;22(5):697–703.
8. Taha O, Abdelaal M, Abozeid M, et al. Outcomes of Omega loop gastric bypass, 6-years experience of 1520 cases. *Obes Surg.* 2017;27(8):1952–60.