

GASTRO-GASTRIC FISTULA WITH
SEVERE ESOPHAGITIS AND
POST-BYPASS PYLORIC
SYNDROME – SURGICAL
TREATMENT

DISCLOSURE

- We hereby declare no conflict of interest
- This video intends to present a surgical treatment for a complex case
- Brief literature review showed no results for gastrogastic fistula associated to pyloric stenosis

CLINICAL PRESENTATION

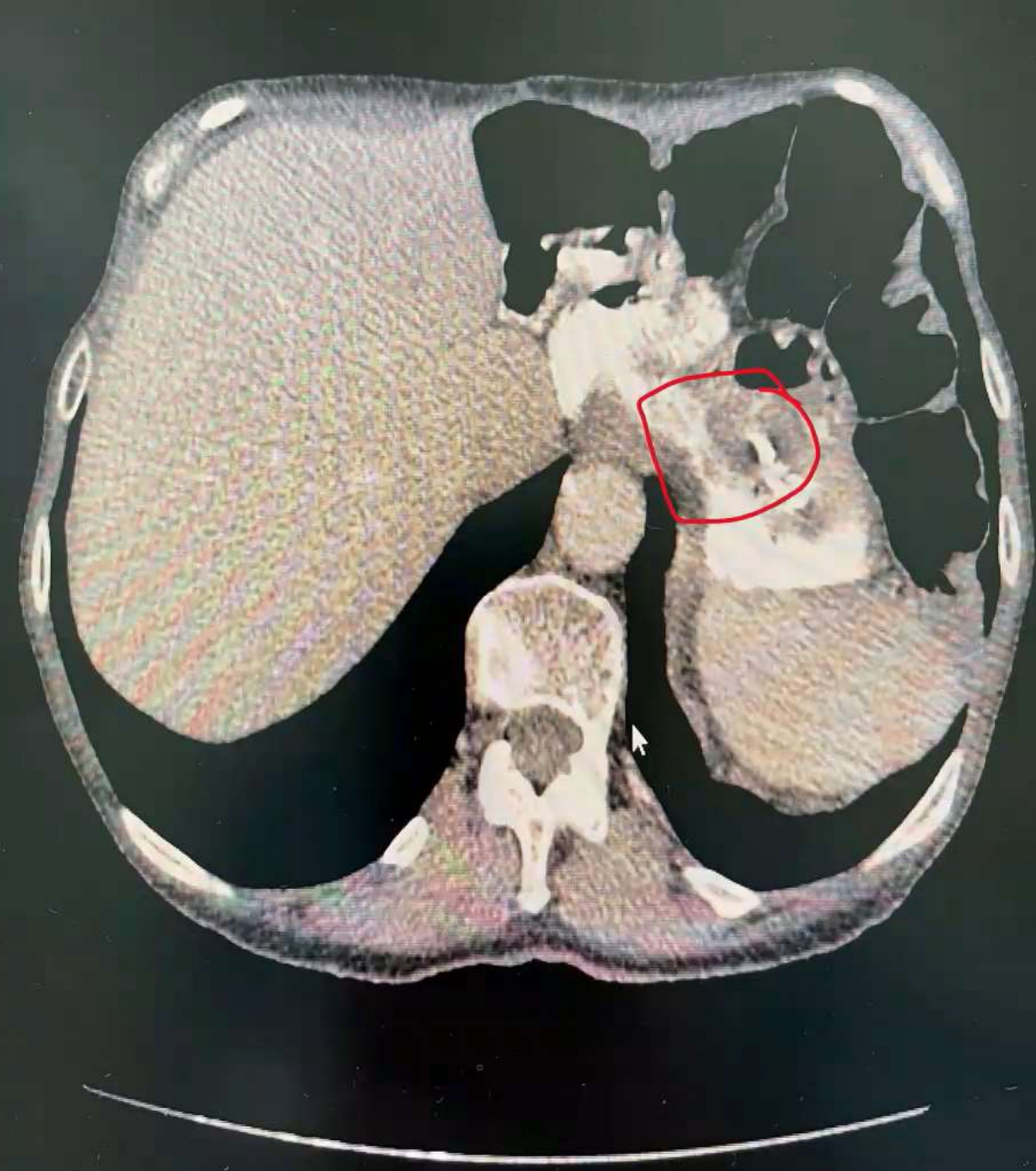
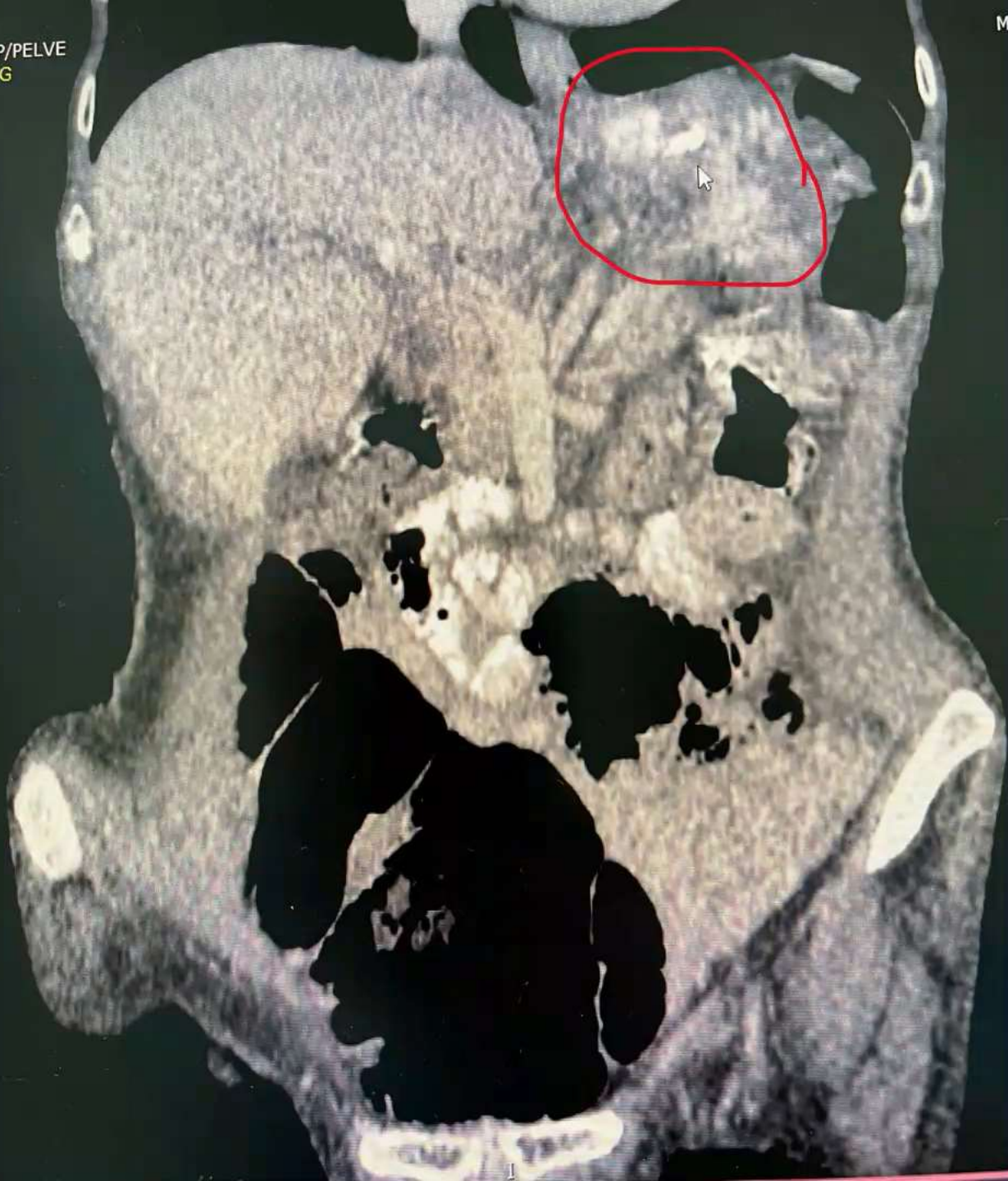
- A 68 year-old female patient presents with epigastric pain, vomiting, nausea, weakness and excessive weight loss.
- Previous Surgery: Gastric Bypass
- Labs: Iron deficiency anemia, low vitamin D levels, hypoalbuminemia (3 g/dl)

PRE-OPERATIVE EXAMS

- **LABS:** IRON DEFICIENCY ANEMIA, LOW VITAMIN D LEVELS, HYPOALBUMINEMIA (3 G/DL)
- **CT SCAN:** 2 CM **FISTULA** BETWEEN **GASTRIC POUCH** AND **EXCLUDED STOMACH**, FILLED UP WITH ORAL CONTRAST
- **UPPER ENDOSCOPY:** GRADE D ESOPHAGITIS; ESOPHAGOGASTRIC STENOSIS; **FISTULA ESOPHAGUS – EXCLUDED STOMACH**; 1 CM POUCH EXCLUDED STOMACH – PYLORIC STENOSIS

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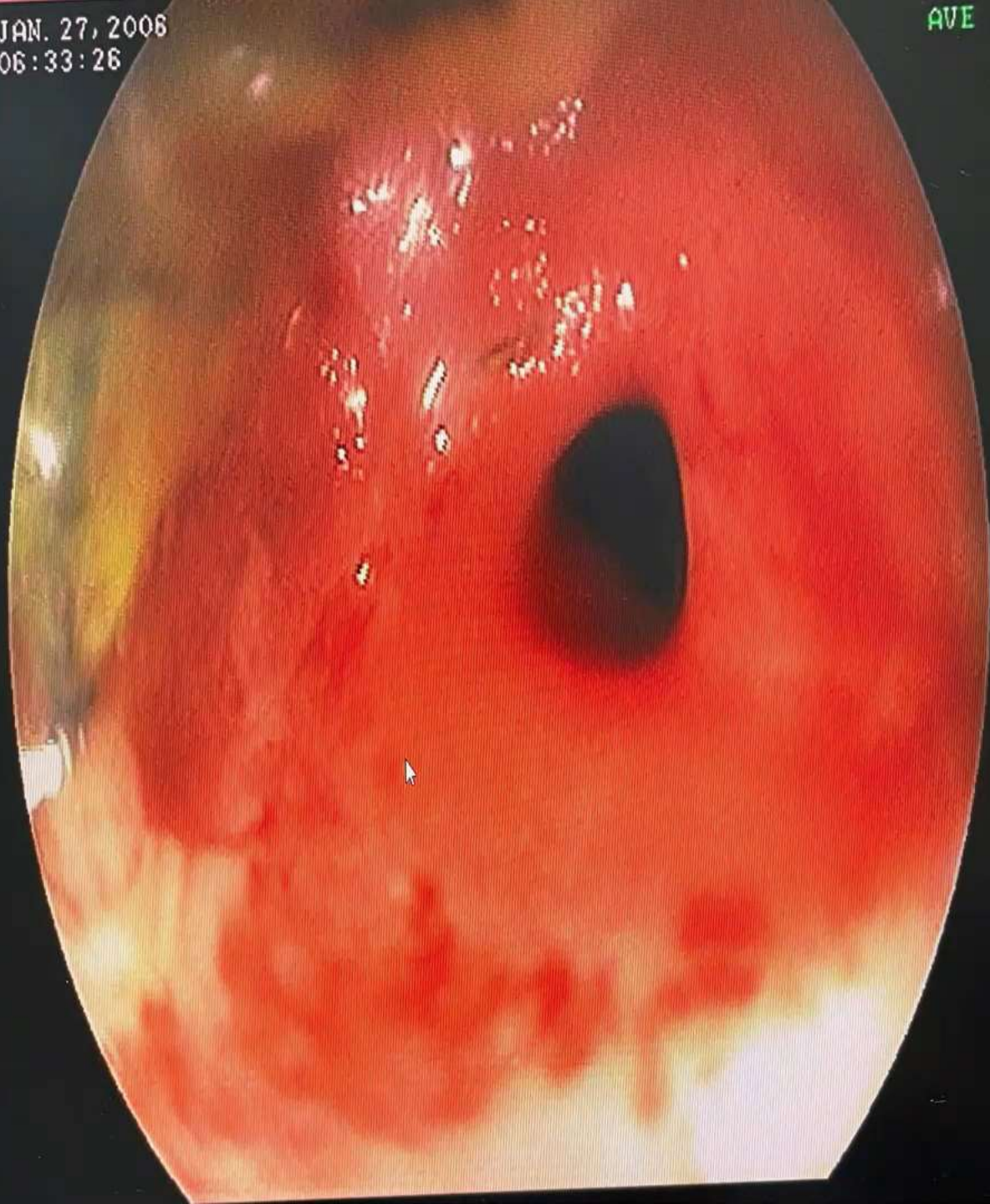


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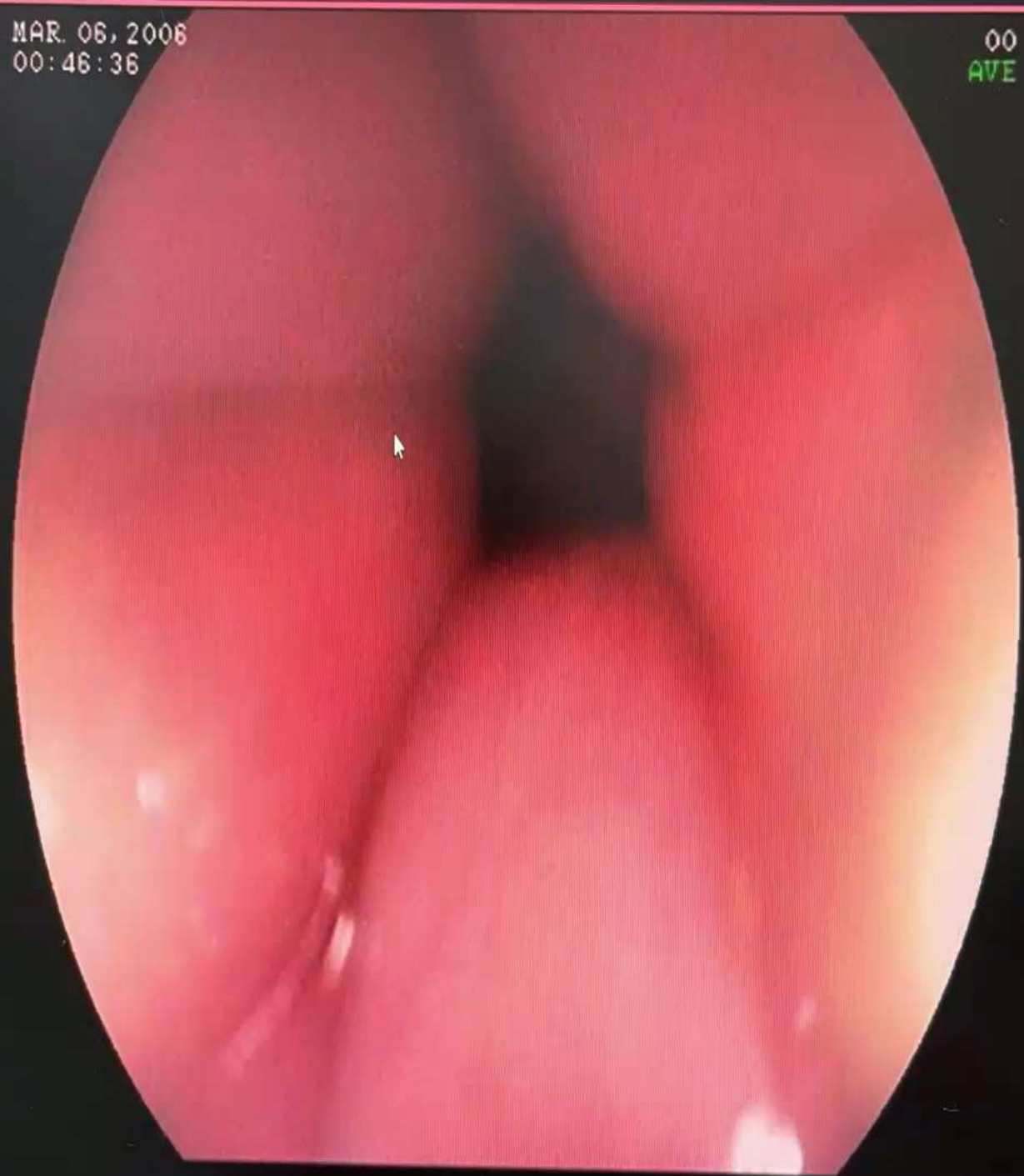
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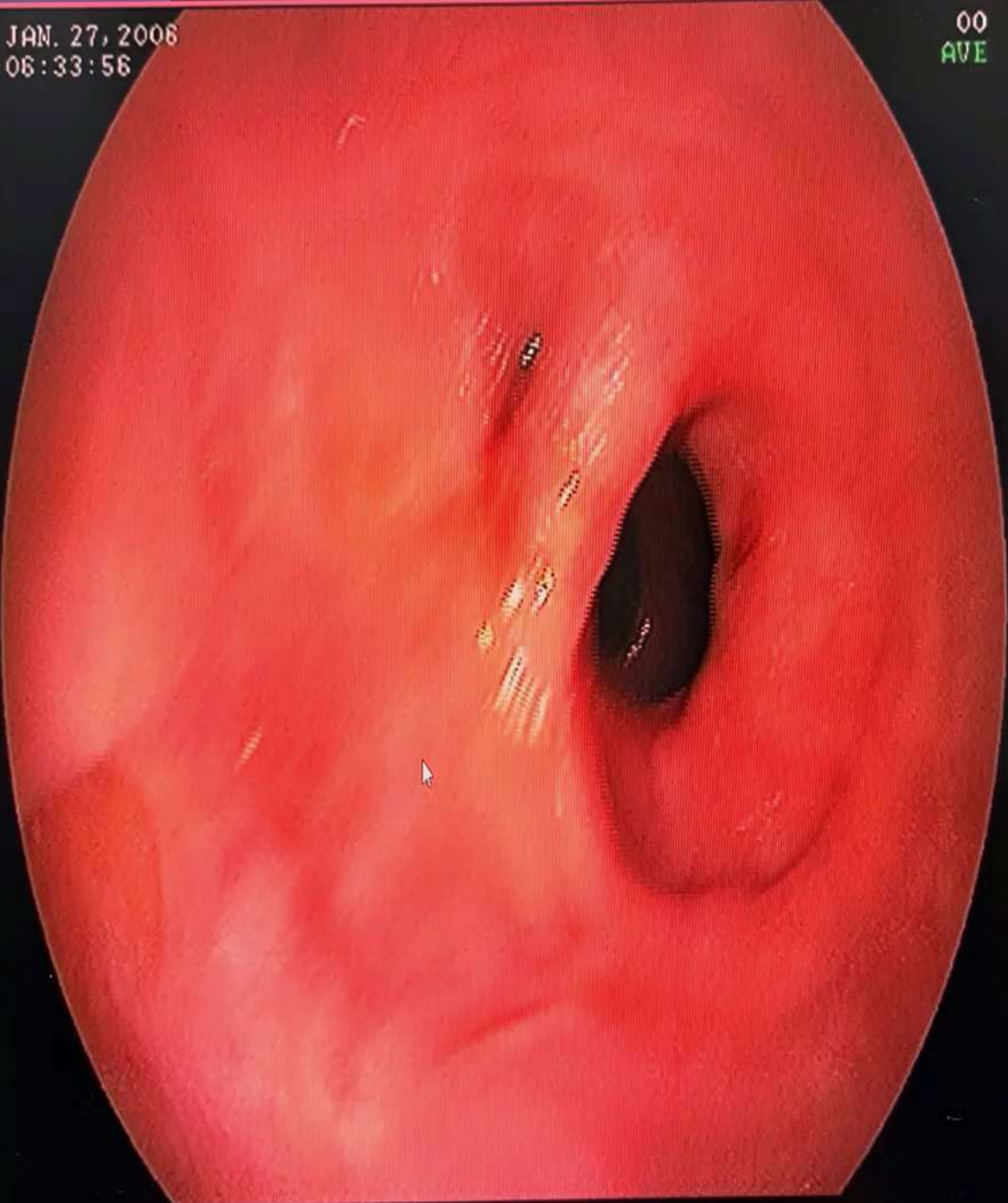
INITIAL TREATMENT – FIRST THREE WEEKS

- NASOENTERIC TUBE;
- NPO + ENTERAL DIET
- CLINICAL SUPPORT;

- IMPROVEMENT OF ESOPHAGITIS; ESOPHAGOGASTRIC FISTULA CLOSURE

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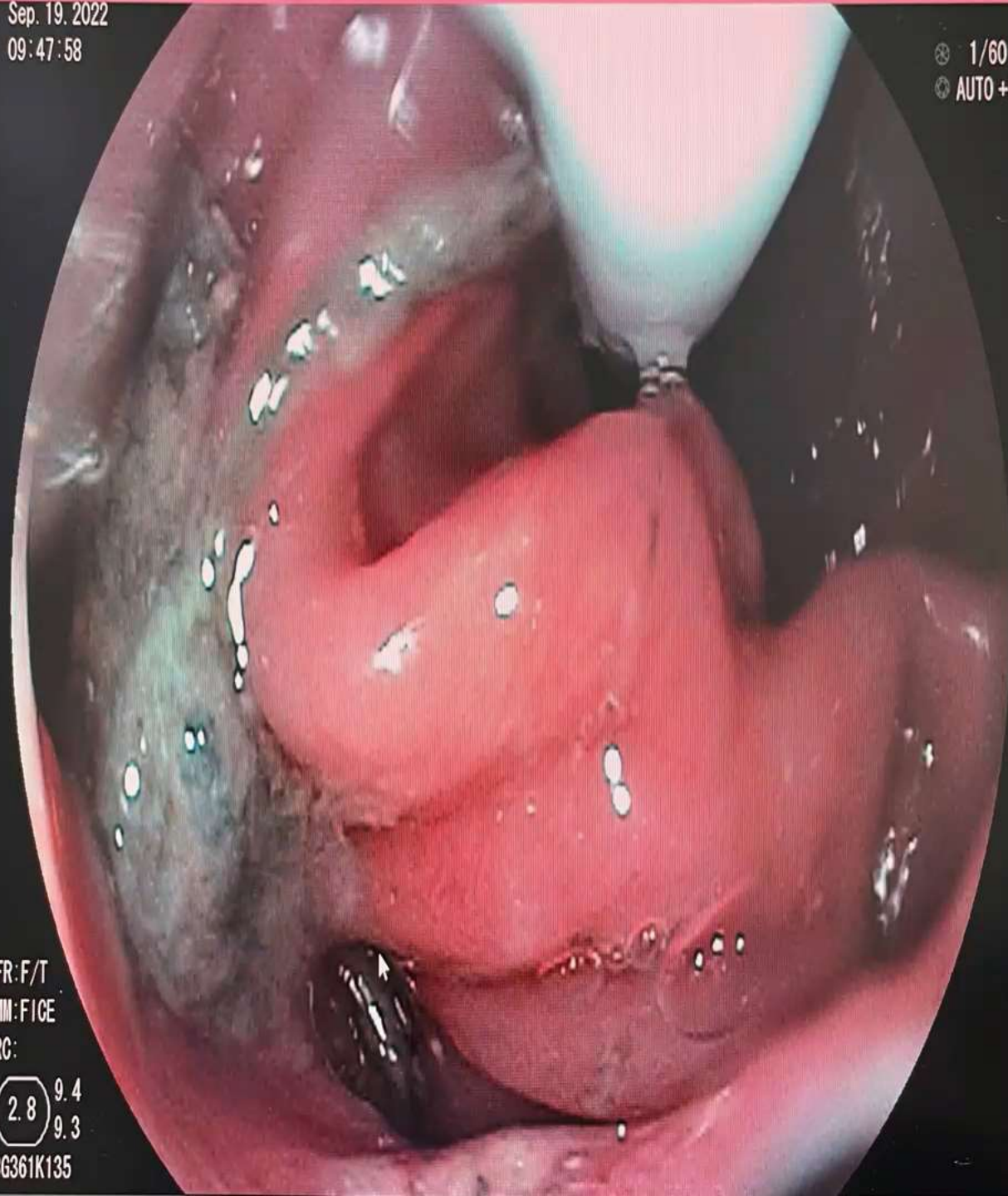


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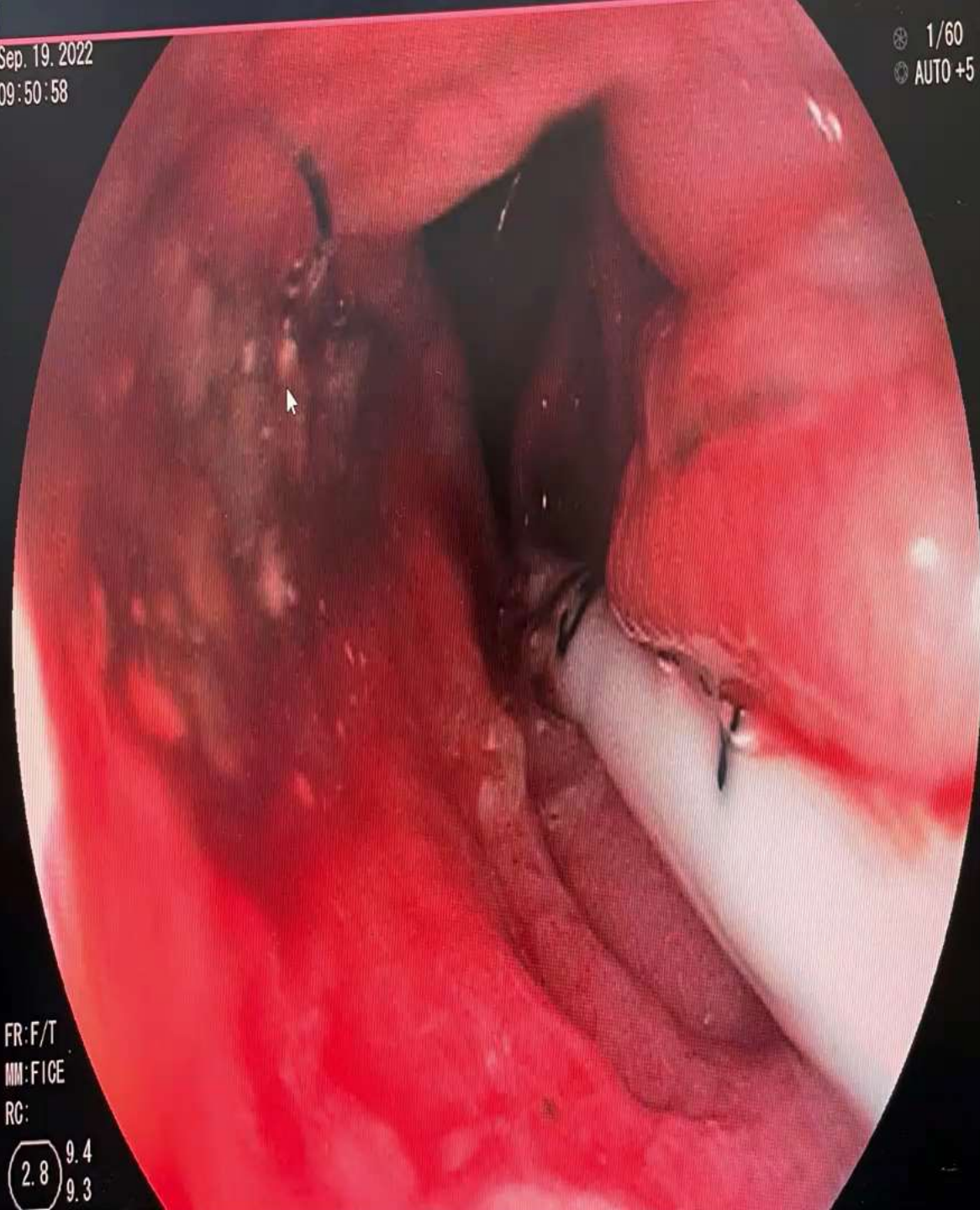
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POSTOPERATIVE OUTCOME

- PATIENT SHOWED GREAT PO EVOLUTION
- ACCEPTANCE OF ORAL DIET
- DRAIN REMOVAL AND DISCHARGE WITHIN FIRST WEEK

POSTOPERATIVE OUTCOME

- GREAT TOLERANCE TO DIET PROGRESSION

NO COMPLAINTS AT RETURN MEDICAL APPOINTMENT

CONCLUSIONS

- WE HAVE SHOWN A FEASIBLE SURGICAL TREATMENT FOR A RARE AND COMPLEX CASE
- CLINICAL SUPPORT AND MULTIDISCIPLINARY APPROACH ARE ESSENTIAL

THANK YOU