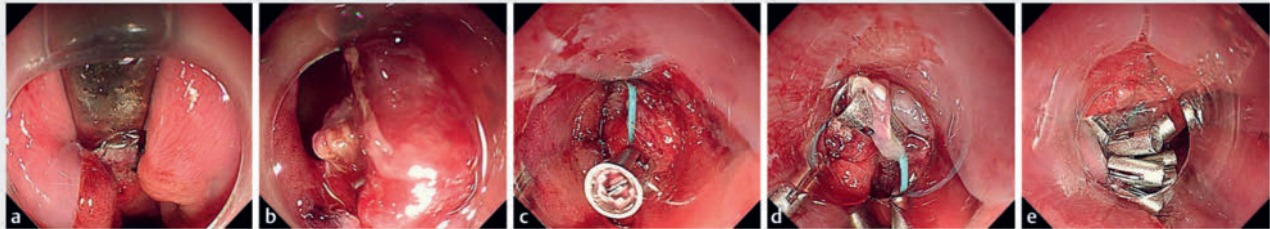


Endoscopic treatment of an unusual post-sleeve gastrectomy complication: first use in clinical practice

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► **Fig. 1** Endoscopic images showing: **a** a gastric decompression tube caught at the cardiac anastomosis, anchored by staples; **b** a perforation at the cardiac anastomosis, measuring 2 × 3 cm, following removal of the decompression tube; **c** a nylon loop fixed to the distal edge of the defect using clips; **d** further fixation of the loop around the defect, with six additional clips being placed; **e** complete closure of the defect following placement of the loop and clips.



► **Fig. 2** Upper gastrointestinal contrast examination showing no signs of leakage 3 days after the procedure.



► **Video 1** We present an exceptionally rare post-sleeve gastrectomy complication and its successful endoscopic treatment.

Laparoscopic sleeve gastrectomy (LSG), a common form of bariatric surgery, can lead to complications, such as staple-line leaks and gastric stenosis [1–3]. Herein, we report a rare post-LSG complication and its successful endoscopic treatment (► **Video 1**). A 24-year-old man was admitted with poor glycemic control for 2 months. His medical history included metabolic syndrome, and his body mass index was 33.9 kg/m². He had undergone LSG with placement of a gastric decom-

pression tube. On his first postoperative day, 800 mL of cloudy yellow fluid was drained, and the patient experienced abdominal pain. Several pulls on the gastric decompression tube in an attempt to remove it failed.

Endoscopy revealed that the tip of the gastric decompression tube was caught at the cardiac anastomosis, anchored by staples (► **Fig. 1 a**). Initial attempts to remove the staples using snares were unsuccessful because of their firm fixation. Foreign body forceps were then used to extract the staples, allowing

uneventful removal of the gastric decompression tube. After its removal, a perforation (2 × 3 cm) was identified at the cardiac anastomosis (► **Fig. 1 b**). Given the defect's size and friable mucosa, a purse-string suture technique was employed. A nylon loop attached to a transparent cap was introduced into the gastric lumen via the endoscope, while SureClips were deployed through the biopsy channel. The loop was anchored to the distal edge of the defect with the first clips (► **Fig. 1 c**). It was then progressively secured with six additional clips, slowly tightening until the defect was fully closed (► **Fig. 1 d, e**). The perforation was successfully closed in 15 minutes.

A new gastric decompression tube was placed, which remained patent post-operatively. Three days post-procedure, an upper gastrointestinal contrast examination showed no leakage (► **Fig. 2**), and the patient was discharged 14 days later. Gastric decompression tube retention is an exceptionally rare post-LSG complication. Surgeons must remain vigilant during intraoperative handling and post-operative removal. If this complication is suspected, endoscopy is an effective intervention.

Endoscopy_UCTN_Code_TTT_1AO_2AI

Funding Information

The Key R&D Program of Henan Province
222102310038

Conflict of Interest

The authors declare that they have no conflict of interest.

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References

- [1] Angrisani L, Santonicola A, Iovino P et al. IFSO worldwide survey 2016: primary, endoluminal, and revisional procedures. *Obes Surg* 2018; 28: 3783–3794. doi:10.1007/s11695-018-3450-2
- [2] Gronroos S, Helmio M, Juuti A et al. Effect of laparoscopic sleeve gastrectomy vs Roux-en-Y gastric bypass on weight loss and quality of life at 7 years in patients with morbid obesity: the SLEEVEPASS randomized clinical trial. *JAMA Surg* 2021; 156: 137–146
- [3] Han Y, Jia Y, Wang H et al. Comparative analysis of weight loss and resolution of comorbidities between laparoscopic sleeve gastrectomy and Roux-en-Y gastric bypass: a systematic review and meta-analysis based on 18 studies. *Int J Surg* 2020; 76: 101–110

Bibliography

Endoscopy 2024; 56: E1110–E1111

DOI 10.1055/a-2471-7918

ISSN 0013-726X

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