

ENDOSCOPIC VACUUM DRESSING FOR TRE- ATMENT OF GASTRO- ENTEROANASTOMOT FISTULA POST-RECONS- TRUCTION OF ROUX-Y GASTROPLASTY: CASE REPORT

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INTRODUCTION

Gastric fistula after Roux-en-Y Gastric Bypass (RYGB) has an incidence that varies from 1 to 6%, being more common in gastrojejunal anastomosis, which represents 22.7% of cases. In this report, the authors present Endoscopic Vacuum Therapy (VTE) with replacement of the sponge using gauze, iodinated IOBAN and a nasogastric tube, a promising and low-cost technique.

CASE REPORT

Female, Caucasian, 57 years old, with a history of bariatric surgery in RYGB 20 years ago, with reports of sporadic vomiting with food debris for 10 years and progressive worsening in the last 3 months. She underwent Upper Digestive Endoscopy (EDA), which revealed an area of constriction of the stomach lumen, suggestive of a containment ring. We opted for reoperation with ring removal, reconnection of the gastroplasty and reconstruction of the esophagogastric anastomosis. She was discharged in the second post-operative period. On the 10th postoperative day, she returned to the service complaining of uncontrollable vomiting and diet leaking through the drain hole placed during surgery. EDA was performed showing a 7mm fistula in the gastrojejunal anastomosis. Endoscopically created continuous endoluminal vacuum dressing with Nasogastric Tube (NGT) 16 and IOBAN, with negative pressure between 125-200 mmHg. On the 20th PO, a healed fistula was demonstrated on EDA and there was no apparent extravasation due to perturbing the drain on the methylene blue test. The patient evolved without complaints, being clinically and hemodynamically stable. Computed tomography of the abdomen was performed, which confirmed the absence of contrast extravasation through the anastomosis or intra-abdominal collections. Patient undergoing outpatient follow-up without complications.

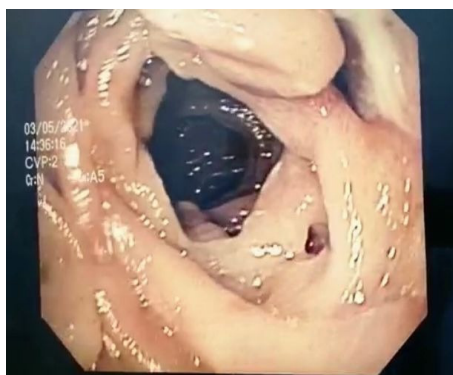


Figure 1: Upper Digestive Endoscopy image with fistula visualization

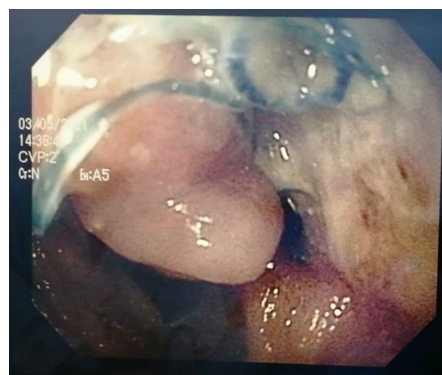


Figure 2: Upper Digestive Endoscopy Image of Gastroplasty with Roux-en-Y Reconstruction + Gastric Fistula.

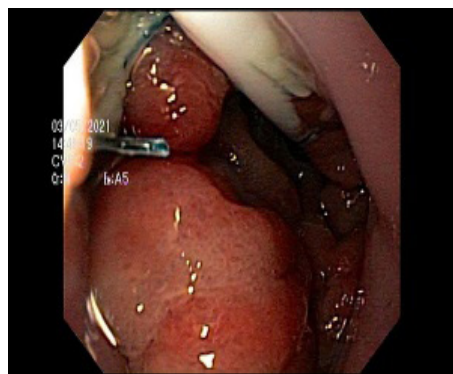


Figure 3: Upper Digestive Endoscopy image after reduction gastroplasty surgery.

DISCUSSION

Initially, endoscopic therapies for the management of gastric fistula involved clips, stents, and fibrin glue. Due to the high cost of these materials, new options have been developed with a good success rate, such as TEV. As a rule, using a polyurethane sponge placed endoscopically in the defect, an external vacuum between 100 and 125 mmHg is applied, requiring replacement every 3 to 5 days. The technique used in this report, in turn, is made from a device composed of SNG 16 or 18 surrounded by gauze fixed

with non-needled cotton thread, covered by iodinated IOBAN, in which small holes are made, equally allocated endoscopically in the defect and with the application of an external vacuum between 100 and 125 mmHg, with the advantage of less frequent replacement (every 7 days). Through this report, we observed the possibility of an effective and safe treatment for anastomotic leaks. This, in turn, uses a device with lower manufacturing costs and the need for less frequent changes, thus enabling the dissemination and greater applicability of the method.

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