

## ADVANCED NEOPLASM OF THE EXCLUDED STOMACH AFTER ROUX- EN-Y GASTRIC BYPASS: CASE REPORT AND LITERATURE REVIEW

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*Andrade, VL*

*Salgado, Jr W*

*Avezum, VAPAF*

*Martone, D*

*Ferreira-Filho, JA*

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## CASE REPORT

Female patient, 64 years old, underwent Roux-en-Y gastric bypass (RYGB) 11 years ago. During outpatient evaluation, she presented severe epigastric pain, with no changes on physical examination, and no recent weight loss or anemia. Abdominal tomography revealed thickening of the antropyloric region, dilation of the excluded stomach and enlargement of locoregional lymph nodes. The patient underwent gastrectomy of the excluded stomach and pancreaticoduodenectomy due to neoplastic invasion. She was discharged 15 days after surgery. The anatomopathological study showed moderately differentiated adenocarcinoma (pT4bN1).

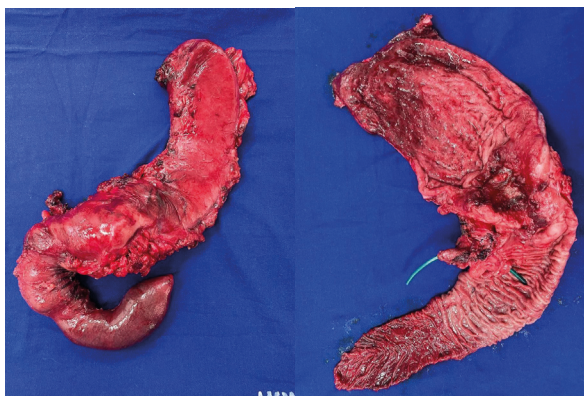


Image demonstrating surgical specimen with excluded stomach, duodenum and head of the pancreas.



Abdominal tomography with important exclusive stomach dilation.

## DISCUSSION

Obesity is associated with an increased risk of gastric neoplasia. However, the risk of neoplasia of the remaining stomach is not well established after bariatric surgery (1). The diagnosis and treatment of excluded stomach neoplasia after RYGB is challenging and has limitations as it does not have characteristic signs and symptoms in the early stage. The incidence of gastric remnant cancer is still unknown and 5-year survival rates range from 7 to 80% (2). Endoscopic methods for evaluation are complex and difficult to access. Therefore, the diagnosis is late and the surgical procedure occurs in advanced stages with a worse prognosis.

## CONCLUSION

Data on neoplasia of the excluded stomach after RYGB are scarce and further studies should be carried out due to the increasing number of patients undergoing bariatric surgery. Nonspecific symptoms in the patient after RYGB cannot be neglected and should be investigated. The clinical suspicion of neoplasia must be remembered.

## REFERENCES

(2019) 29:2609-2613; T.K. Mak et al. / (2)Asian Journal of Surgery 44 (2021) 11-17