A 42 years old woman with a history of laparoscopic Roux en Y gastric bypass on 2017 and inadequate weight loss, so underwent revision procedure to pouch trimming and "Brolin type" distal bypass by lengthening of Roux limb distalization on 2019.

she suffered from occasional abdominal pain after meals.

on 2020 she underwent surgery with diagnosis of internal hernia, and mesenteric defect at Petersen site was closed during surgery.

again, she suffered from intolerable pain after meals with the interval of 3 to 4 times per month from 6 months ago.

lab data was normal.

abdominal CT scan revealed “Whirlpool sign“ or “Swirl sign”

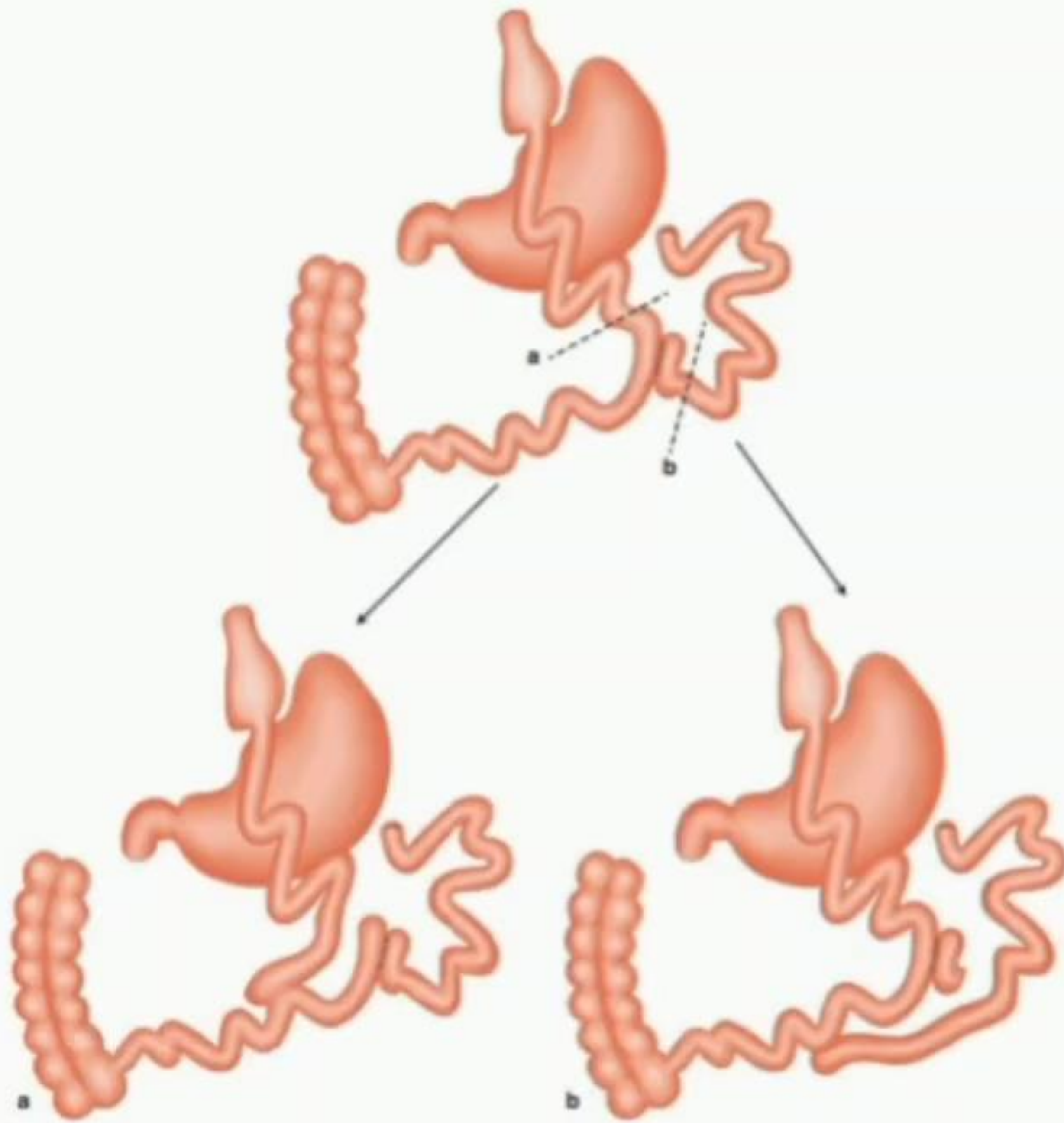

Fig. 27.3 Revision to distal gastric bypass. Dashed lines represent sites of small bowel division. (a) In Sugerman-type distal bypass revision the Roux limb is divided at the jejunojejunostomy and reconnected further down the common channel. (b) In Brolin type distal bypass revision the biliopancreatic limb is divided at the jejunojejunostomy and then reconnected further down the common channel

Conclusion:

- Internal hernia are relatively common after gastric bypass and may resault in bowel obstruction, intestinal ischemia or both. Studies rerport internal hernia rates as high as 6.2 % following LRYGB.

- Retrocolic gastric bypass is associated with a higher rate of internal hernia than antecolic position (3.3 % Vs. 6.0 %)

- While the majority of bariatric surgeons close internal hernia spaces, some do NOT. Clousure of mesenteric defects resulted in a 2.5% internal hernia rate compared to nearly 12% in patients without mesenteric closure.