

Chronic gastrocutaneous fistula after sleeve gastrectomy

Dr. B. Dillemans
Dr. S. Viskens

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Case presentation

- Female, 39 years
- History:
 - 02-2022: Sleeve gastrectomy: Weight 93 kg, **BMI 34 kg/m²**
 - POD2: Relaparoscopy: **leak**: suturing, drainage
 - 03-2022: **gastrocutaneous fistula**:
 - Drainage liquids => drainage food
 - 12-2022: **OTSC-clip**

Case presentation: Current status

January 2023: arrival in our hospital

- **Gastrocutaneous fistula**: low outflow
- Several changes of bandage depending on drinking liquids
- Eating small amounts food

- No dysphagia, No vomiting, No GERD

Weight 54 kg, Length: 165 cm, **BMI: 20 kg/m²**

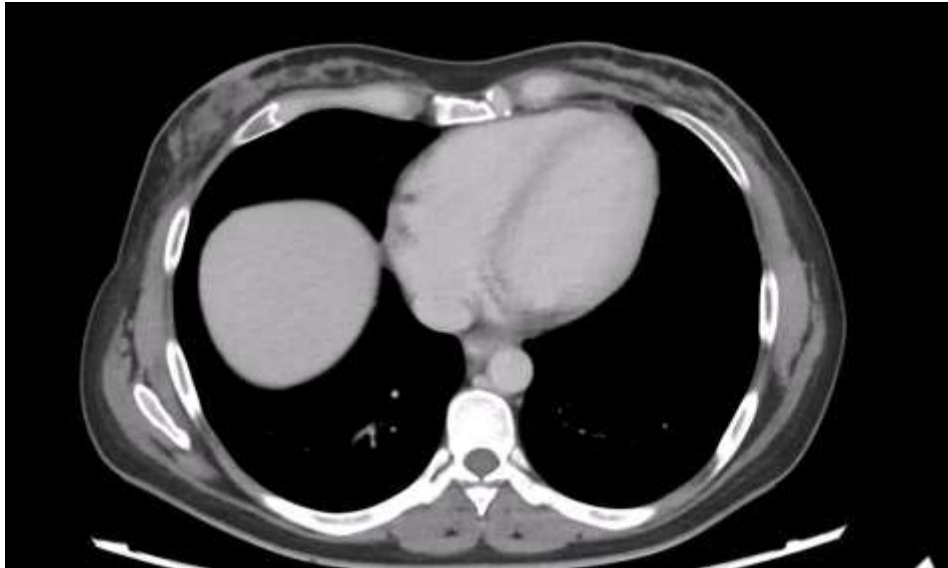
Technical investigations

Lab test:

- **Hb 8,6 g/dL**
- **MCV 59 %**
- WBC 5,8 $10^9/L$
- CRP 6,5 mg/L
- **Protein 79 g/L**
- **Albumine 42 g/L**
- Iron 29 $\mu g/dL$
- Ferritine 11%
- Transferrine 226 $\mu g/L$
- Normal kidney function
- Normal liver function
- Normal cholesterol
- Normal Folic acid, Vit A, Vit E, zinc

Technical investigations

Abdominal CT



- Gastrocutaneous fistula
- Perisplenic fluid with air bubbles
- No general abdominal fluid or air

Technical investigations



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Upper GI-series



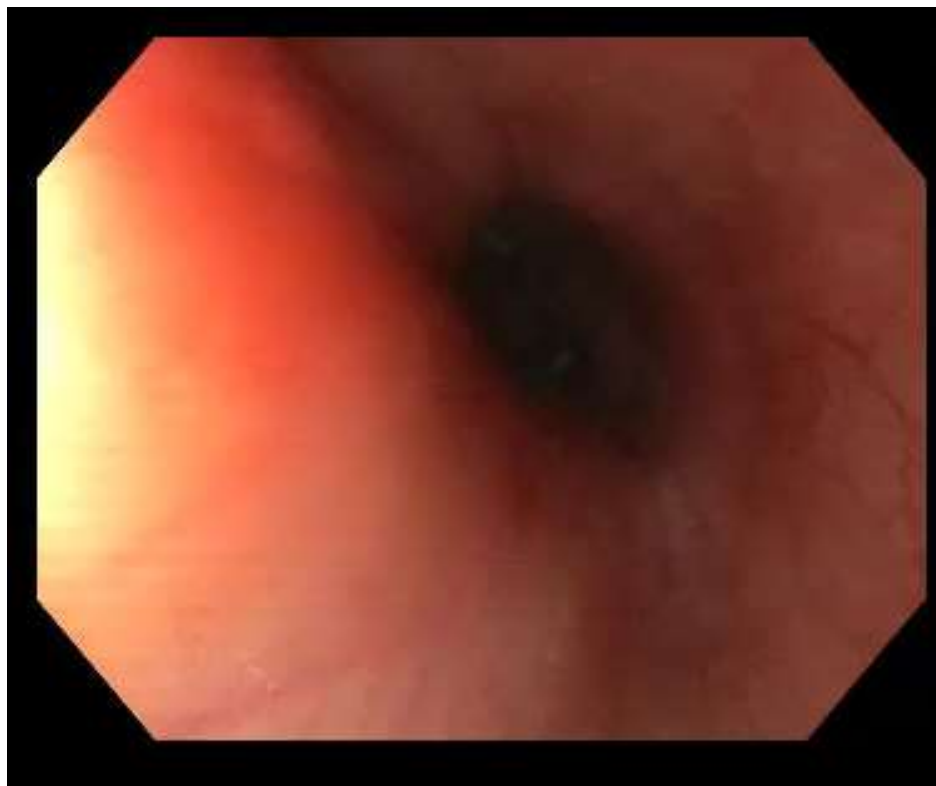
Treatment

Gastrosocopy



Treatment

Gastroscopy





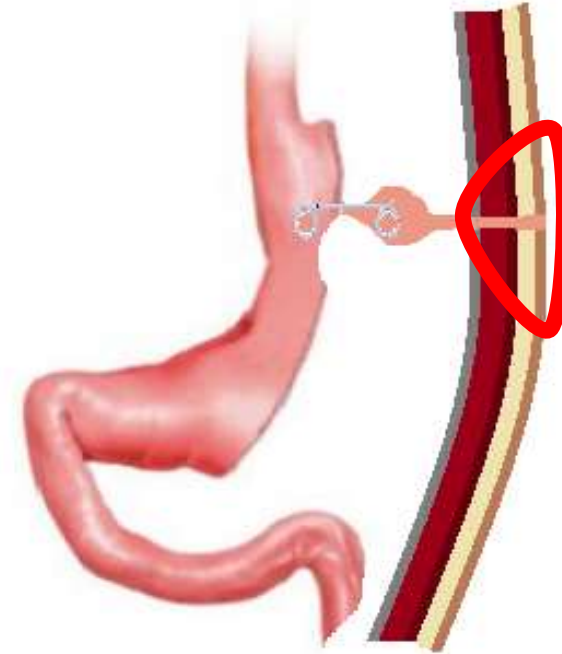
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Treatment

Excision of the wound and outer fistula tract

Closure of the fascia and skin

Antibiotics 2 weeks

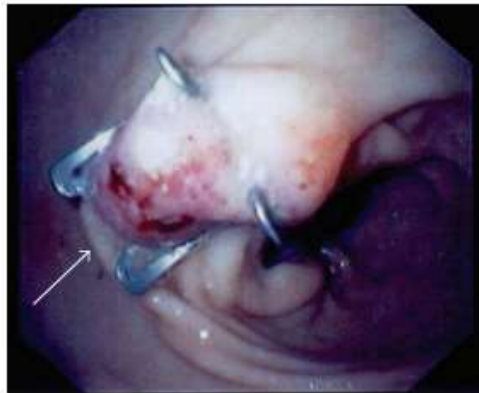
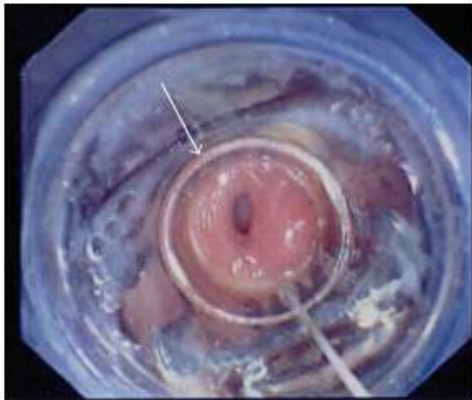


Follow-up

2 months

- No fistula, No drainage
- No fever
- Healing of the skin
- Good oral intake
- Stable weight: 56 kg, BMI: 20,6 kg/m²

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Case Report

Endoscopic Treatment of a Gastrocutaneous Fistula Using the Over-The-Scope-Clip System: A Case Report

**Georgios Kouklakis,¹ Petros Zezos,¹ Nikolaos Liratzopoulos,²
Anthia Gatopoulou,¹ Anastasia Oikonomou,³ Michail Pitiakoudis,⁴
Eleni Efremidou,² and Constantinos Simopoulos⁴**

¹Endoscopy Unit, University General Hospital of Alexandroupolis, Democritus University of Thrace, Dragana 68100, Alexandroupolis, Greece

²1st Department of Surgery, University General Hospital of Alexandroupolis, Democritus University of Thrace, Dragana 68100, Alexandroupolis, Greece

³Radiology Department, University General Hospital of Alexandroupolis, Democritus University of Thrace, Dragana 68100, Alexandroupolis, Greece

⁴2nd Department of Surgery, University General Hospital of Alexandroupolis, Democritus University of Thrace, Dragana 68100, Alexandroupolis, Greece

Correspondence should be addressed to Petros Zezos, zezosp@hol.gr

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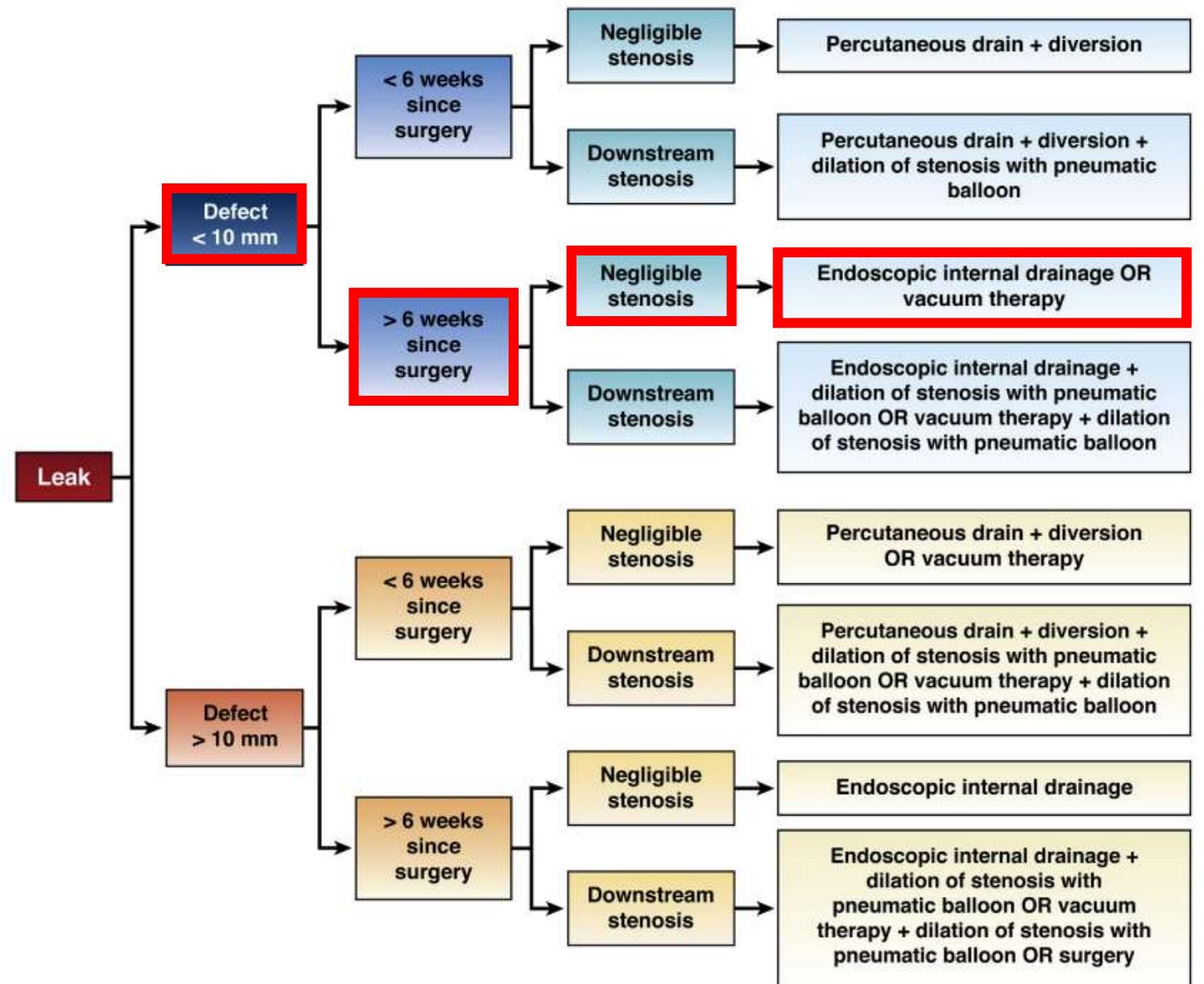
Literature

Clinical Gastroe

CLINICAL PRACTICE UPDATE

AGA Clinical Practice Update on Evaluation and Management of Early Complications After Bariatric/Metabolic Surgery: An Expert Review

Vivek Kumbhari,^{*,#} David E. Cummings,^{+,§} Anthony N. Kalloo,^{*}



If leak has not closed after reasonable endoscopic attempts, then surgical revision is required.



Conclusion

Patient tailored approach

- Conservative
- Fistula Size
- Early vs chronic fistula
- Stenosis, high pressure zone
- Endoscopic vs surgical treatment



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