

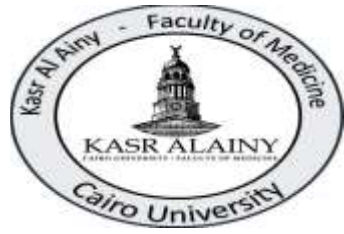
Cicatrized Ulcer at the gastro- jejunostomy after OAGB

AHMED ABDELSALAM; MD, MRCS

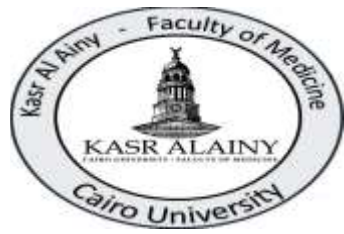
*Associate Professor of General and Laparoscopic Surgery, Cairo
University*

Disclosure

- Nothing to disclose



Medical History



- 59 years old male.
- Diabetic, controlled on OHG



Surgical History

- History of OAGB 2 years prior to presentation to our centre.
- The patient presented with almost complete obstruction due to cicatrized stomal ulcer.
- Frequent vomiting except for fluids.

Referring Physician:

Thank you for referring the case.

Indications

Abodominal pain -

Medications

Propofol

Instrument

Olympus GIF 160

Esophagus

CARDIA IS INCOMPETENT AND LOCATED 37 Cm. FROM DENTAL ARCH- FEW LOWER SEGMENT EROSIONS

Stomach

EVEDINCE OF GASTRO-INTESTINAL ANASTMOSIS (GASTRIC BYPASS SURGERY)- NORMAL GASTRIC POCH-LARGE DEEP ULCER WITH NECROTIC FLOOR AND HARD EDGES AT THE STOMA- BIOPSIES TAKEN FOR HISTOPATHOLOGY PATENT BOTH INTESTINAL LIMBS WITH NORMAL LINNING MUCOSA

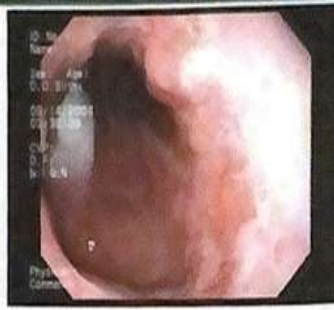
Pyloric Ring

Duodenum

Conclusion

GASTRO-INTESTINAL STOMAL DEEP ULCER BIOPSIED FOR HISTOPATHOLOGICAL EXAMINATION

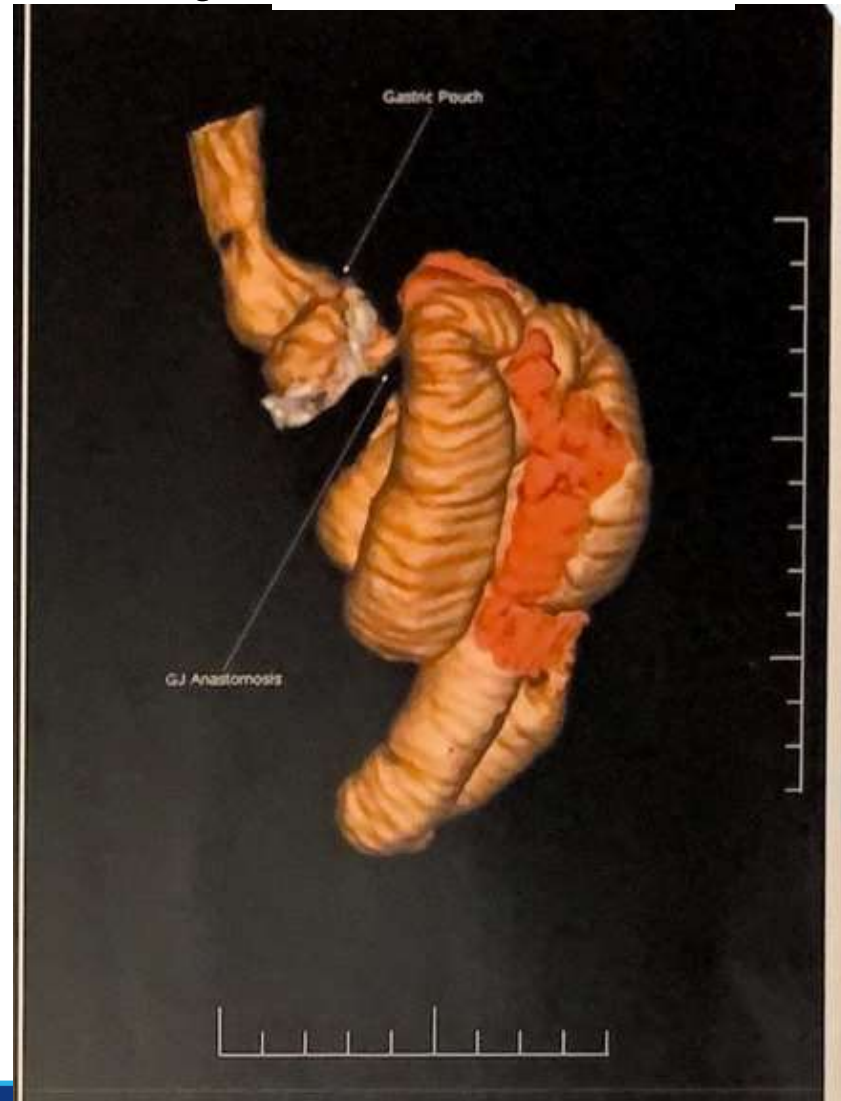
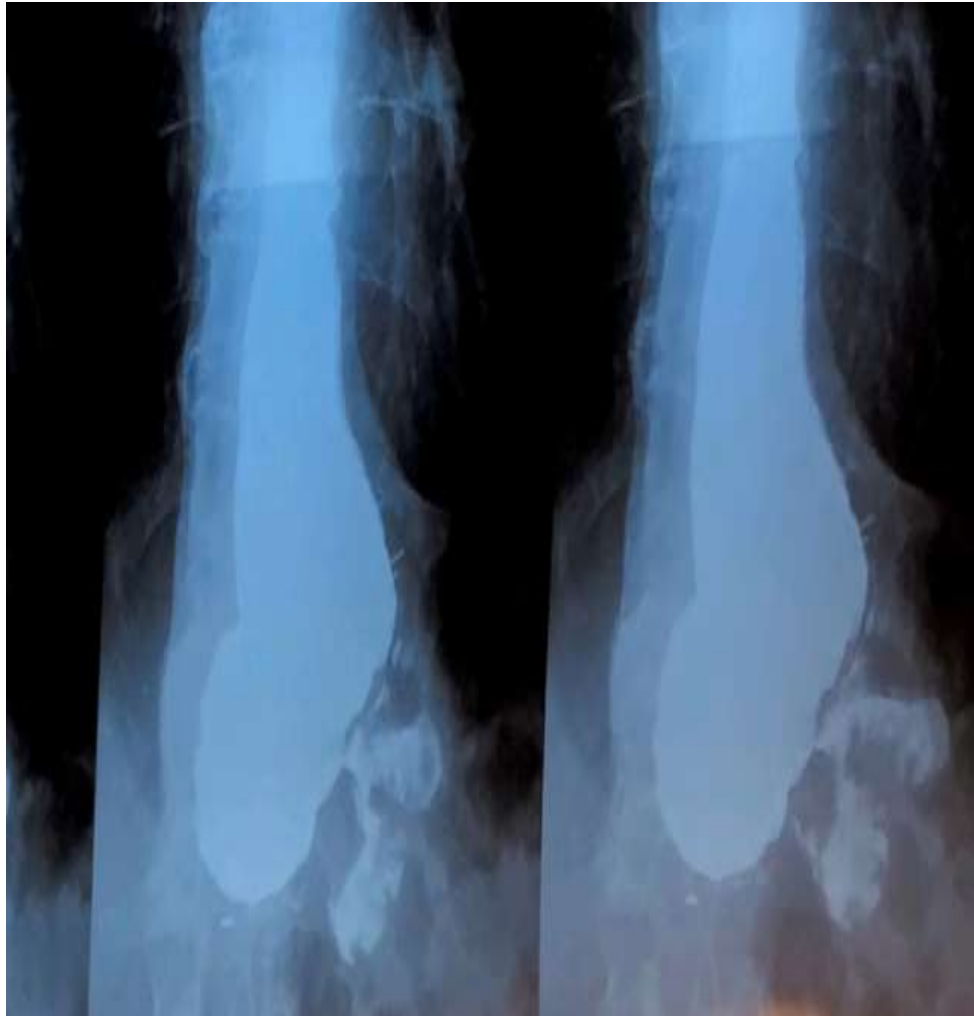
Recommendation



Pre-operative work-up

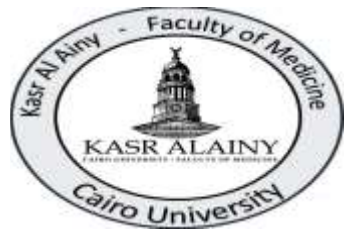


Gastrograffin Study & CT Volumetry

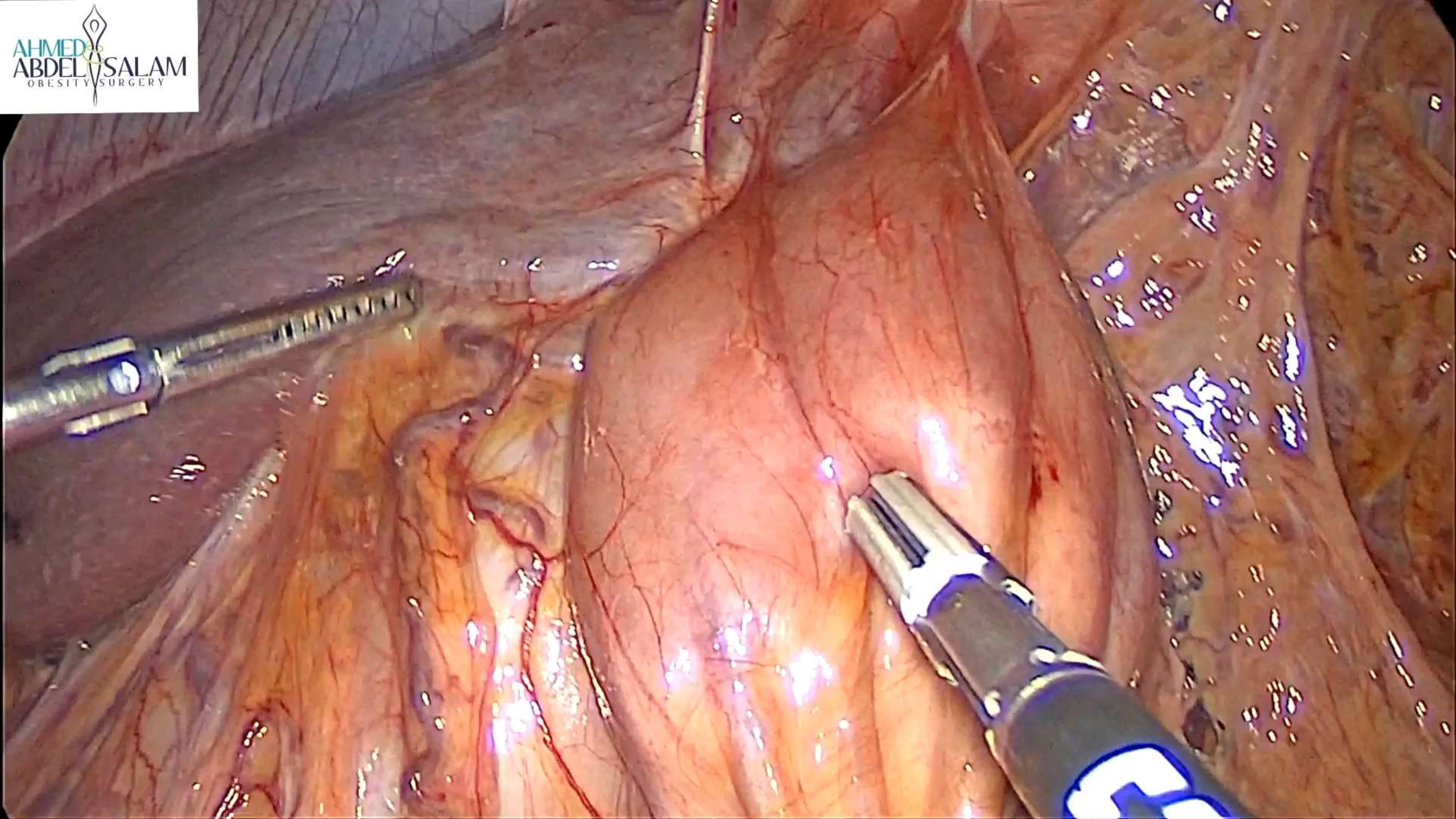


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Clinical presentation



- Trials of dilatation was done three times at least with no evident improvement.
- Decision was to go for surgery



Postoperative outcome



- The patient monitored for 72 hours after the procedure and then discharged.
- Follow-up 6 weeks : the patient was tolerating full diet.

Conclusion

- There are few papers about RYGB as management for obstructing stomal ulcer after OAGB
- Failure of non-operative treatment necessitated a more aggressive surgical remedy.

THANK YOU