

IMPENETRABLE ABDOMEN: A CASE REPORT OF ENDOSCOPIC SLEEVE GASTROPLASTY PERFORMED IN PATIENT WITH OBESITY AND HUGE PARAMEDIAN LAPAROCELE

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Conflict of interest statement: nothing to declare

BACKGROUND

IMPENETRABLE ABDOMEN

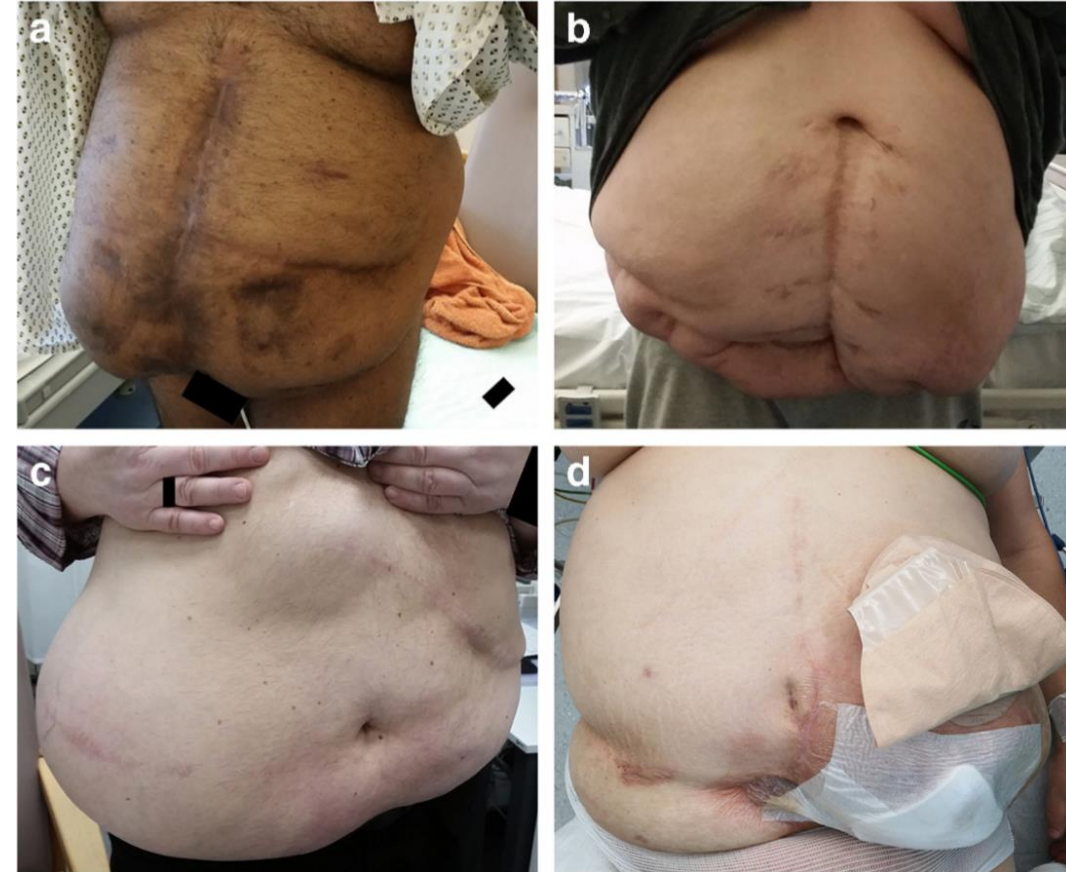
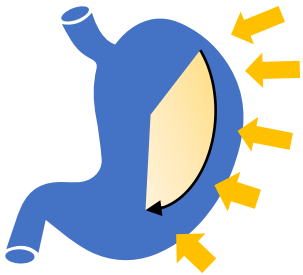
Defined by the impossibility of surgical access to the abdominal cavity. Could be determined by:

- multiple abdominal surgeries → scars
- voluminous abdominal hernias → loss of muscle tone

Endoscopic Sleeve Gastroplasty (ESG) is proposed as a safe and effective technique to achieve weight loss

ESG INDICATIONS

- BMI 30-39.9 kg/m² who failed previous attempts with diets and lifestyle modifications
- BMI > 40 kg/m² : Bridge to surgery and in super obese patients (BMI >50 kg/m²)
- Poor surgical candidates



Endoscopic Sleeve Gastroplasty (ESG) for High-Risk Patients, High Body Mass Index (> 50 kg/m²) Patients, and Contraindication to Abdominal Surgery. Renjie Li et al. 2020

- 56-years-old Caucasian woman
- **BMI 47.15 Kg/m²** (116 Kg per 1.57 m)
- Comorbidities: sleep apnea syndrome (OSAS) in nocturnal CPAP, hepatic steatosis, hypertension, hypertriglyceridemia and hypovitaminosis D
- CT-scan : voluminous left paramedian laparocele with engagement of the tenuous loops, mesentery and part of the transverse colon

AIM

>> Weight loss

>> Reduction of comorbidity

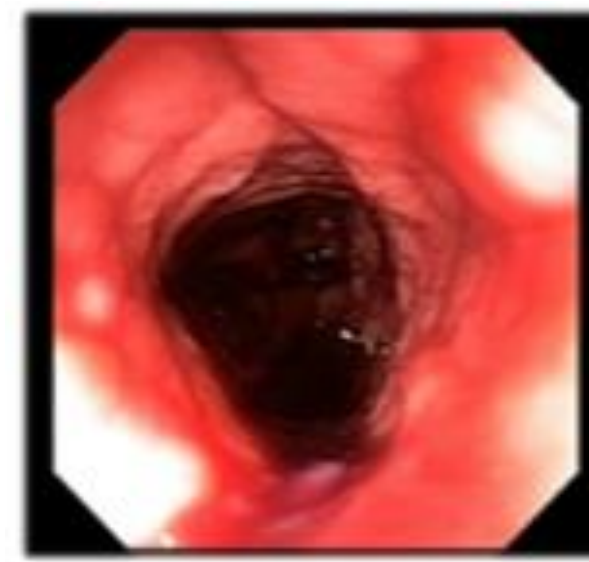
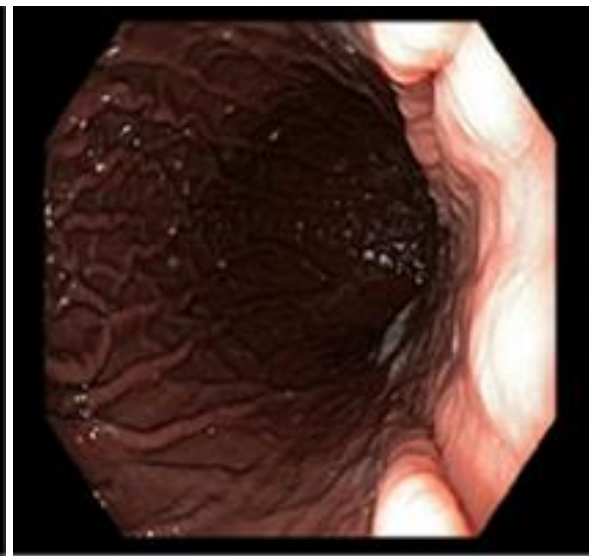
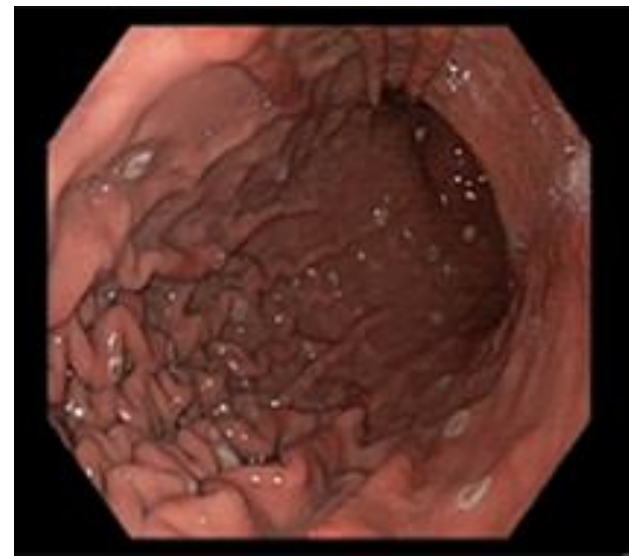
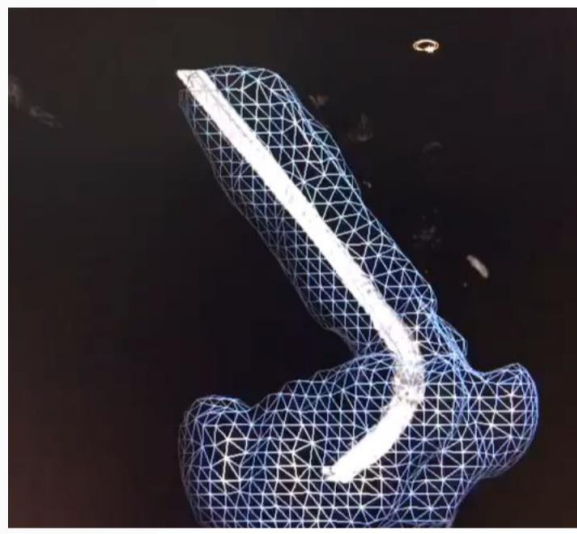
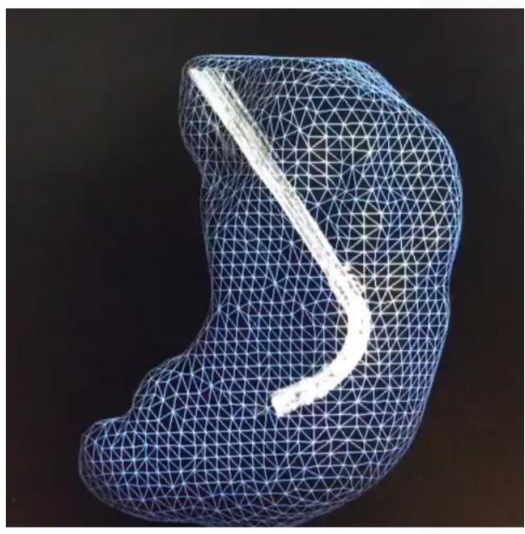


METHODS

The ESG took 58 minutes with no intra-procedural or post procedural adverse events. Discharged from our hospital after 24 hours.

Before

After ESG



RESULTS

- Regular outpatient follow-up visits at 6 month shown an overall loss of body weight of **30 kg (BMI from 47.15 Kg/m² to 34.4 Kg/m²)**
- Reduction of obesity-related comorbidities after ESG: use of nocturnal CPAP for OSAS was interrupted and there was a reduction of the medication taken for the arterial hypertension.

CONCLUSIONS

Endoscopic sleeve gastropasty (ESG) is a feasible and safe bariatric procedure for the therapy of patients with superobesity, high-risk patients, and patients contraindicated to abdominal surgeries