


# *Late Gastropleural Fistula after the Management of Laparoscopic Sleeve Gastrectomy Leakage*

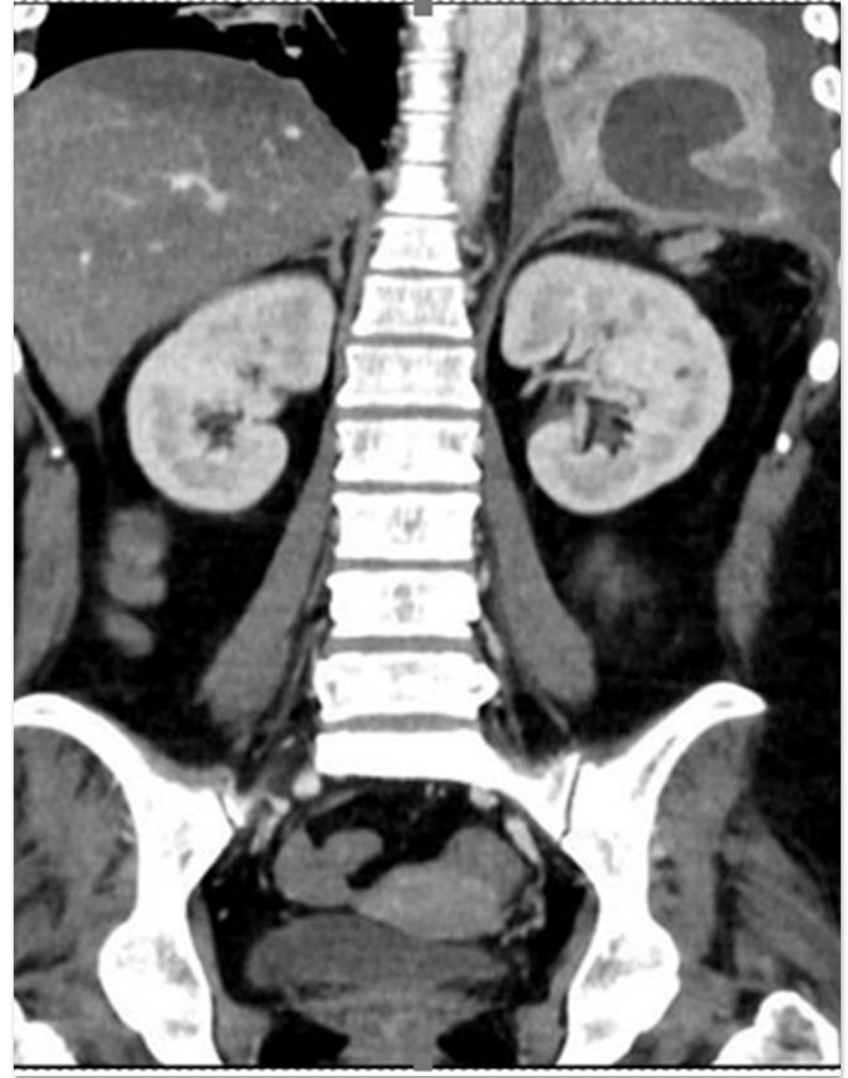
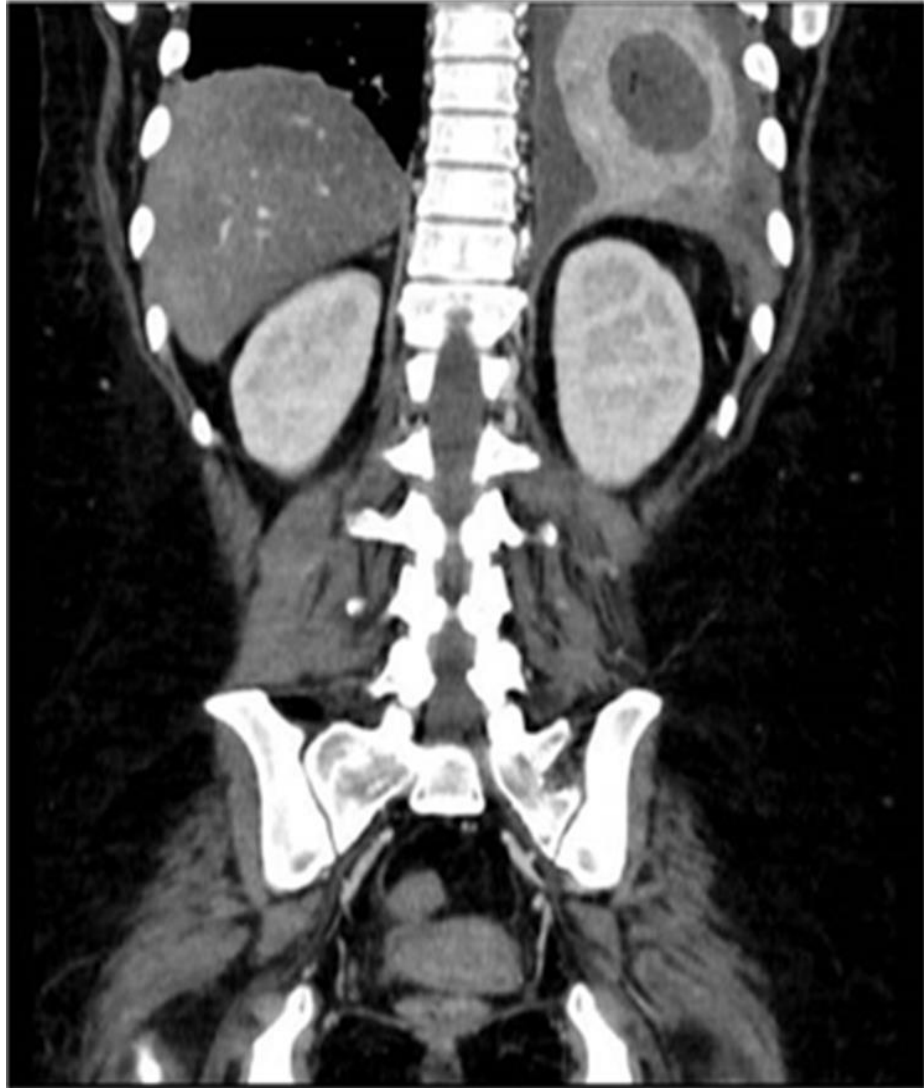
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- ***Gastropleural fistula (GPF)** is a rare and life-threatening complication of gastric sleeve surgery*
- *34-year-old woman, with morbid obesity (BMI = 40) underwent laparoscopic sleeve gastrectomy (LSG)*
- *One week later, the patient referred to the hospital's emergency ward in the state of septic shock*
- *diagnostic laparoscopy showed **leakage in the GE junction and frank puss in the left upper quadrant of the abdomen***
- *drainage catheters and jejunostomy tube inserted*

- *After 7 days, she developed upper GI bleeding*
- *Endoscopy  bleeding in the site of fistula in proximal of the stomach, which was controlled by epinephrine injection*
- *3 days later, since recurrence of upper GI bleeding, the **second endoscopy** was done and abundant blood was detected in the stomach. So, emergency laparotomy was performed*
- ***splenic artery erosion** in the leakage site of the stomach; consequently, splenectomy done*
- *Patient discharged after 12 days of hospitalization WITH A controlled fistula*



- *she underwent laparotomy, **Roux-en-Y fistulojejunostomy** with imp of complex abdominopleural fistula*
- *Eight days after the operation, the fistula discharge decreased substantially and PO feeding was started*
- *2 days later, the patient's level of consciousness suddenly dropped due to hemorrhagic cerebrovascular accident (CVA) and expired following a sudden cardiorespiratory arrest*

# conclusion

- *In the gastric leakage, which might lead to the formation **of gastropleural fistula**, early decision-making and using a **thoracoabdominal approach instead of laparotomy** to remove the damaged lung tissue, exploring the gastropleural fistula and drainage of the abscess inside the chest cavity, might lead to a better clinical outcome*