

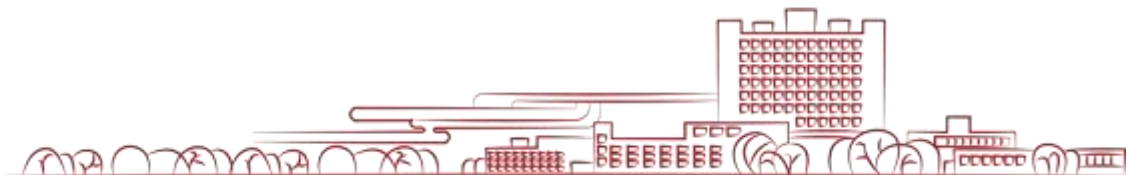
Special Case Report

Hua Meng

Department of General Surgery & Obesity and Metabolic Disease Center

China-Japan Friendship Hospital

Beijing, China



Patient Info

Female, 57y

Height: 159 cm

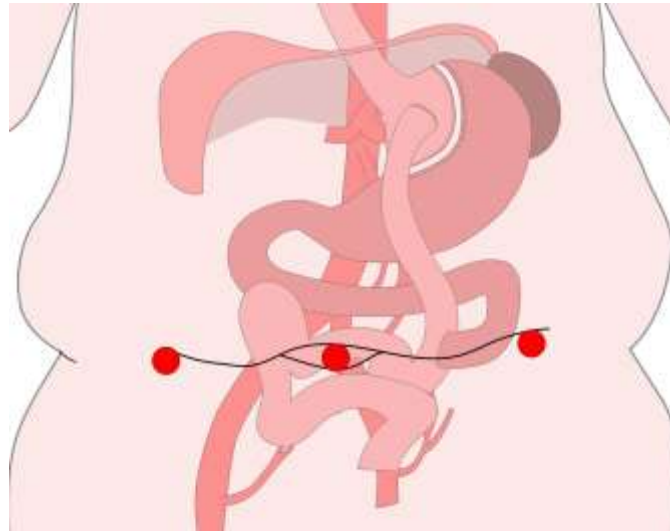
Weight: 78 kg

BMI: 30.9 kg/m²

WC: 110 cm

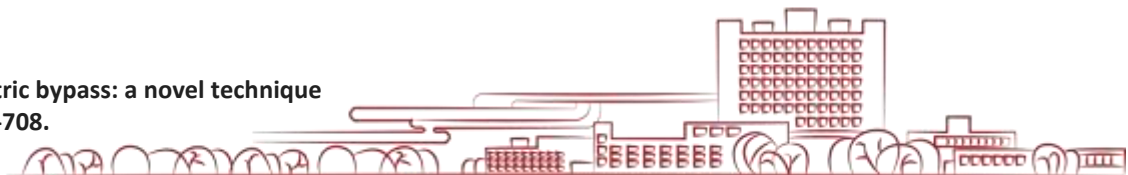
HC: 100 cm

T2DM for 11ys with metformin and insulin treatment
Symmetric three-port laparoscopic Roux-en-Y gastric bypass was performed in Nov 2020.



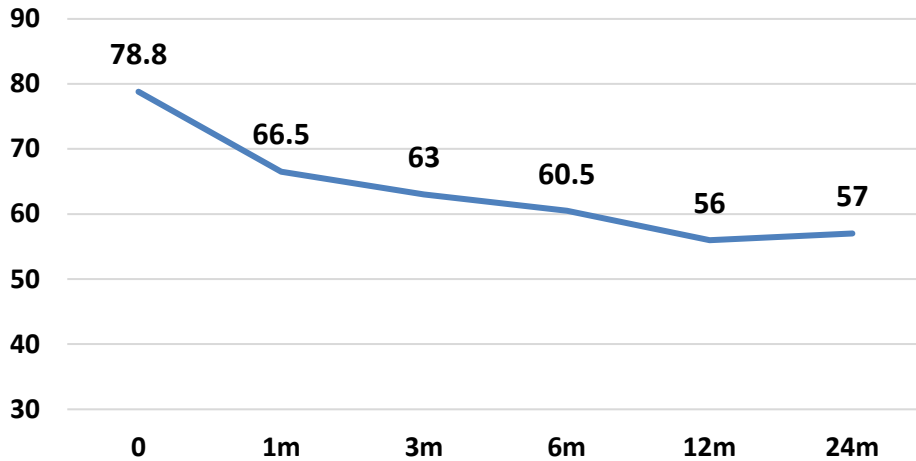
BP limb: 50cm

Roux limb: 100cm

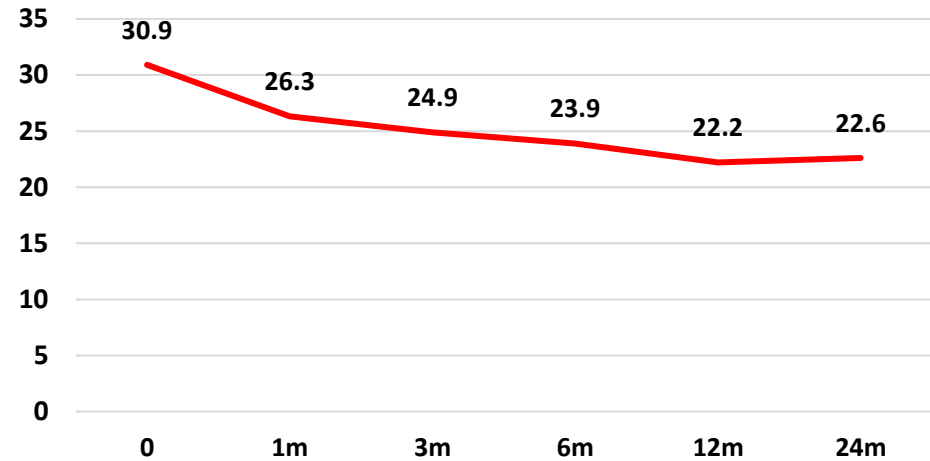


Two Years After Surgery

Weight(kg)

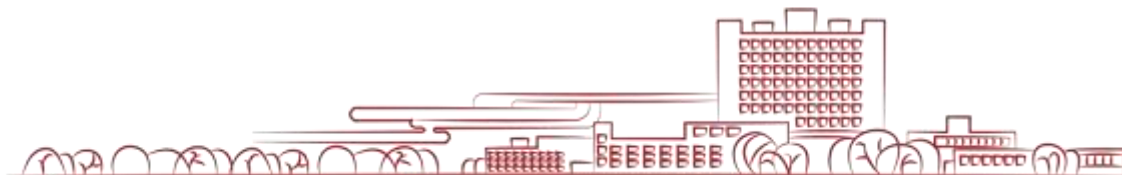


BMI(kg/m²)



1Y TWL%: 28.9% %EWL:125.8%
2Y TWL%: 27.6% %EWL:120.2%

	0	1m	6m
FPG	5	4.8	3.9
HB-A1C	7.9	6.7	5.3
ALB	42	42.1	38

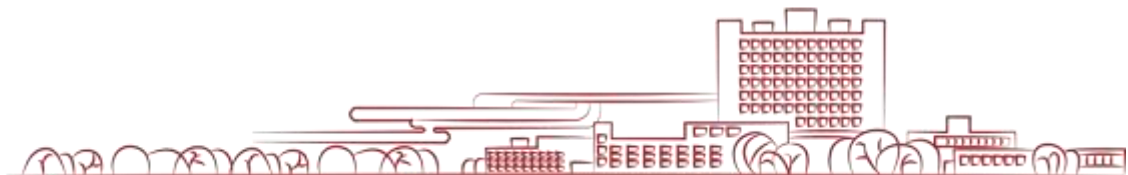


Problem After Surgery

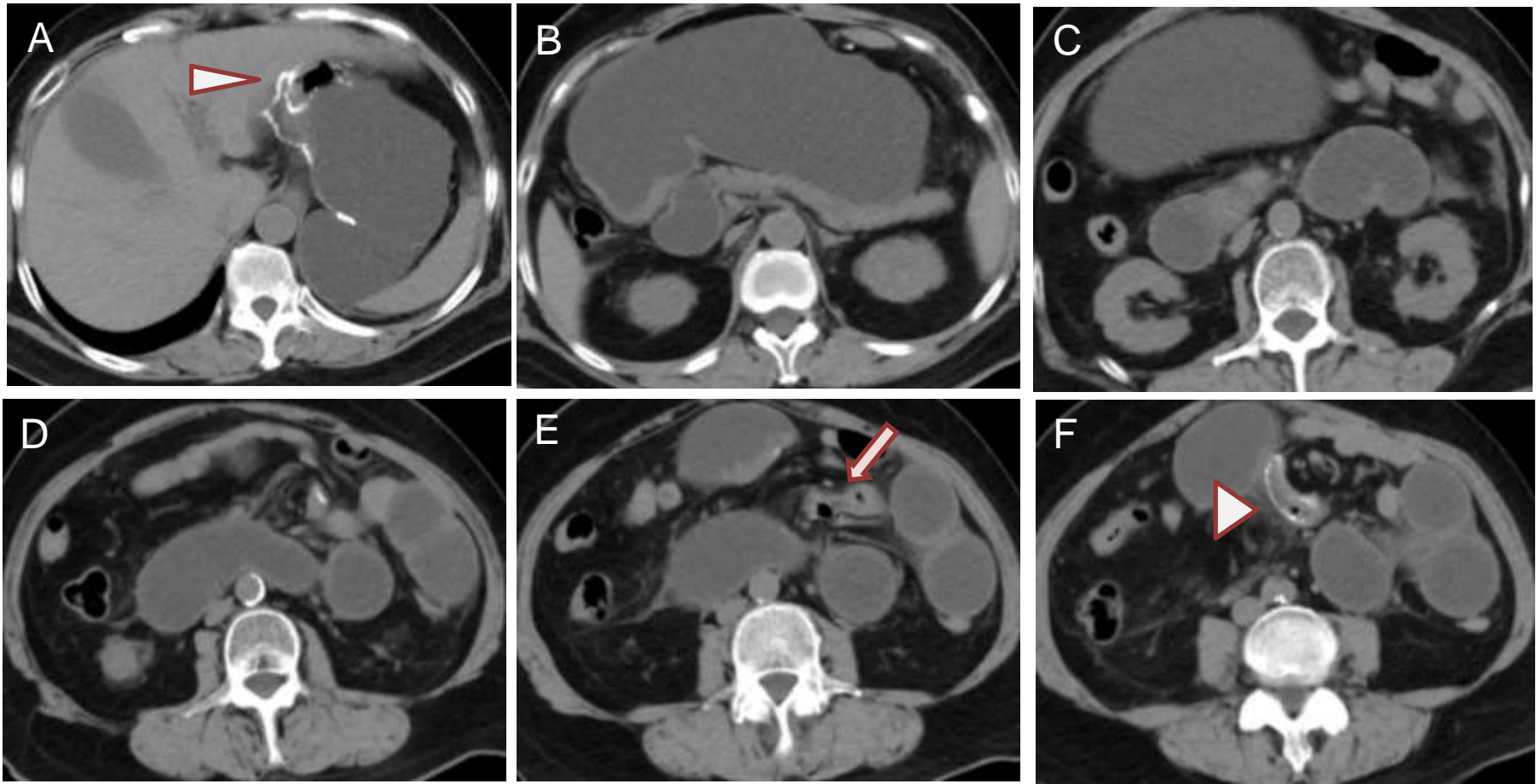
The patient presented with abdominal pain and distension after meals occasionally since one month post-operation, without nausea and vomiting

She had severe abdominal pain in left upper quadrant since 6 May, 2023. She got conservative treatment in the hometown for 3 days, but the pain was worse and no relief.

She came back to our hospital at 9 May 2023. She had clay colored stool with normal ALT, AST, TBIL and DBIL.



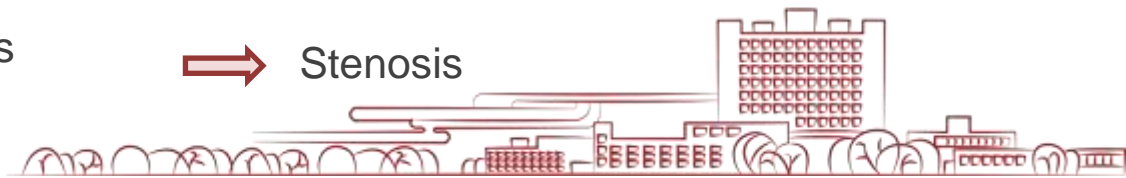
Adominal and Pelvic Constrast-enhanced CT



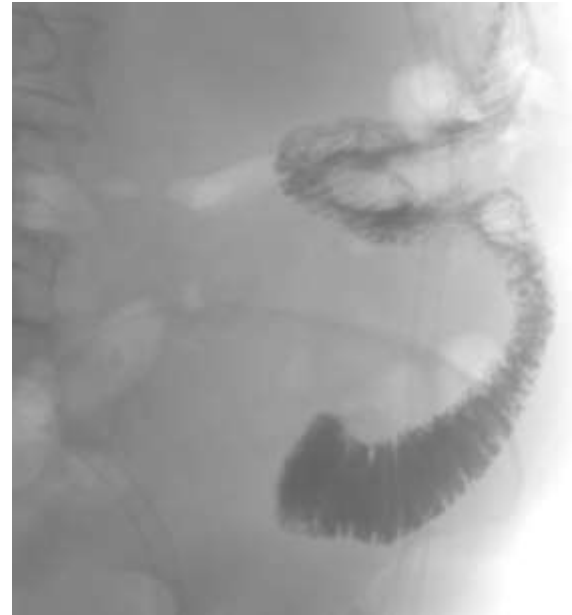
 Gastrointestinal anastomosis

 Stenosis

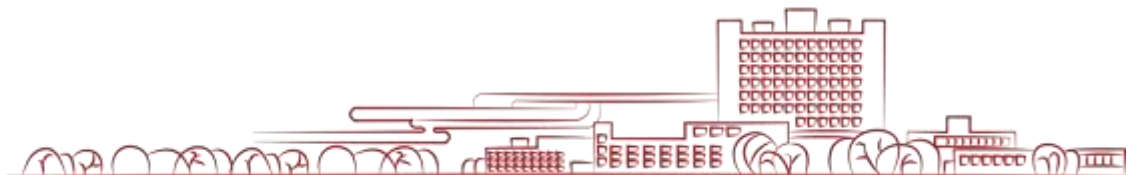
 Enteroenteric anastomosis



Upper Gastrointestinal Contrast



Contrast agent could not pass through the enteroenteric anastomosis



Diagnosis

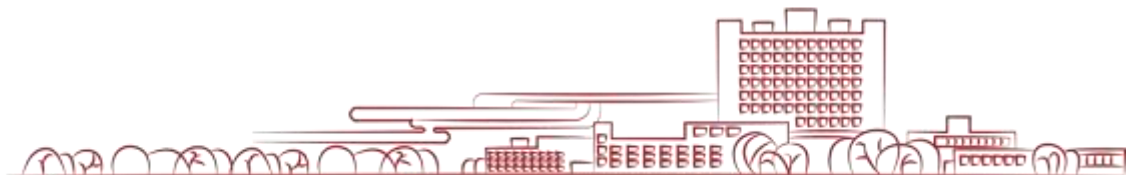
Enteroenteric anastomosis obstruction

Complete intestinal obstruction

Abdominal and pelvic effusion

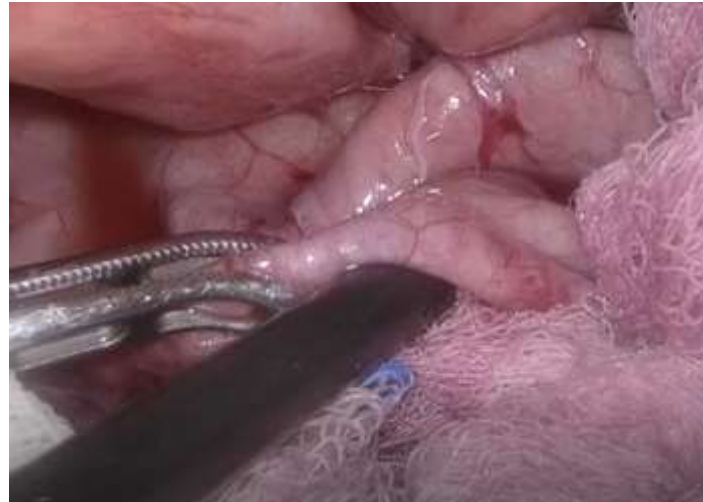
Treatment

Laparoscopic surgery





Stomach was extremely dilated, drew out 3500ml of digestive juice



The adhesive tape was stuck in the enteroenteric anastomosis

