



## Introduction

- There are roughly 15 case reports of gastric cancer of the excluded stomach following Roux-en-Y gastric bypass.
- Of note, cancer of the excluded stomach is difficult to diagnose as this structure is endoscopically challenging to access and symptoms are often nonspecific. Most cases are diagnosed at advanced stages.
- We present a case in which gastric adenocarcinoma of the excluded stomach was successfully diagnosed through EUS-guided creation of a jejunogastric anastomosis.

## Case Presentation

- A 77-year-old woman with history of remote Roux-en-Y gastric bypass, atrial fibrillation, and diabetes presented with two days of left-sided abdominal pain, nausea, and vomiting.
- CT imaging showed distended excluded stomach and gastric pouch with concern for gastric outlet obstruction at the level of the pylorus.
- A jejunogastric anastomosis was created between the proximal jejunum and the excluded stomach using a 15 mm x 10 mm lumen apposing metal stent (AXIOS) with plans to repeat endoscopy in two weeks.
- A week later, she presented to the emergency department with abdominal pain and one episode of hematemesis.

## Case Presentation

- Repeat CT scan showed worsened dilatation of the bypassed excluded stomach after stent placement (Figure 1).
- Repeat esophagogastroduodenoscopy (EGD) with exploration of the excluded stomach revealed severe pyloric stenosis (4-5mm in diameter) and friable, granular, nodular, and scarred mucosa in the body of the stomach, prepyloric region, and pylorus (Figure 2).
- Biopsies were taken with cold forceps and pathology revealed invasive intestinal type gastric adenocarcinoma.
- The patient is undergoing evaluation by radiation oncology as she is a poor surgical candidate due to multiple comorbidities.

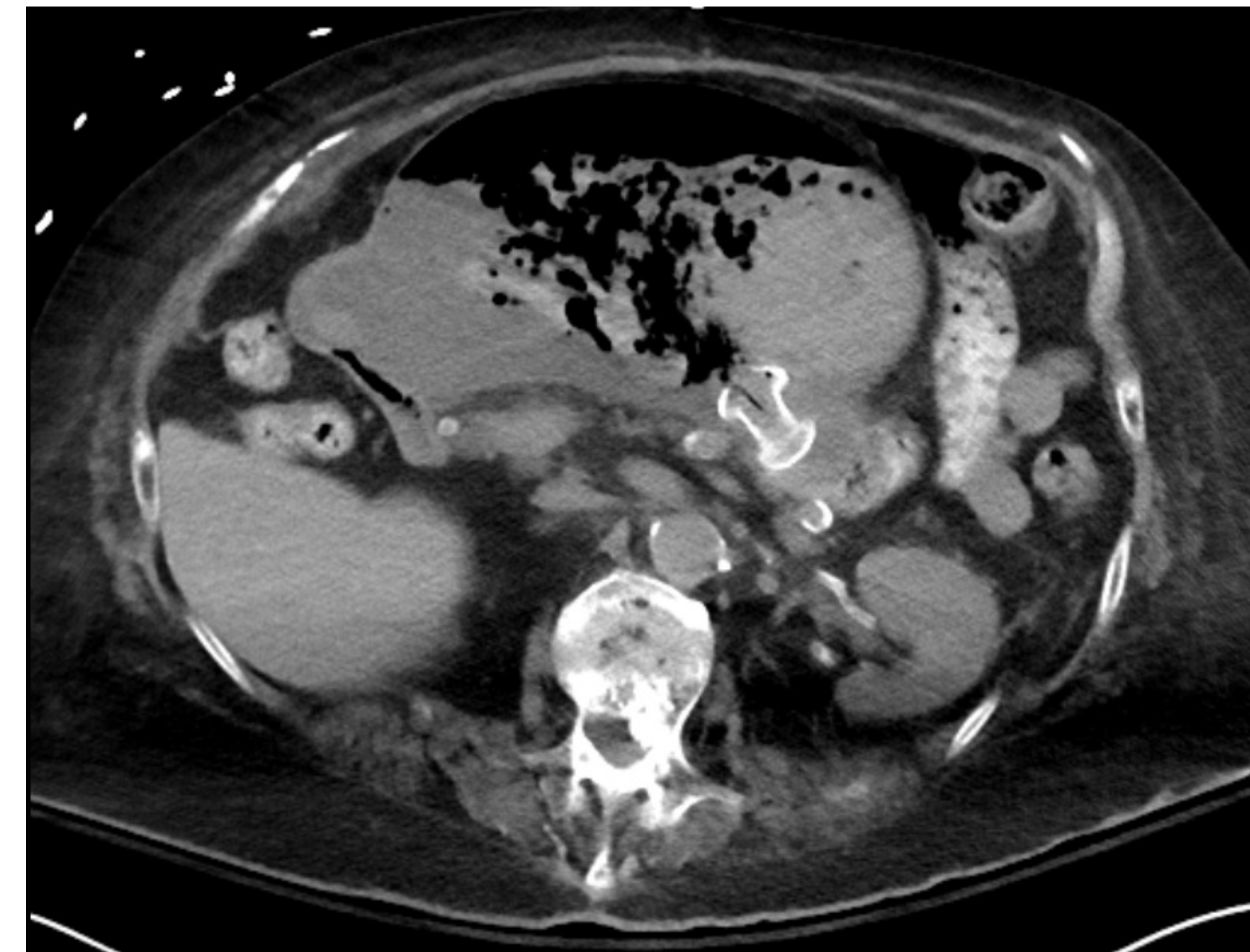


Figure 1: CT scan with worsened dilatation of the bypassed excluded stomach after stent placement

## Discussion

- Cancer of the excluded stomach is rare and there are few case reports of this phenomenon.
- Due to this, the risk of developing cancer of the excluded stomach remains unknown.
- Malignancy can affect the excluded stomach as it does the gastric remnant. Practitioners should thus, have a high index of suspicion for malignancy of the excluded for Roux-en-Y patients who present with symptoms of gastric outlet obstruction and/or upper GI bleeding.
- Early EUS-guided creation of anastomosis between the proximal jejunum and excluded stomach to visualize and examine the excluded stomach should thus be considered.

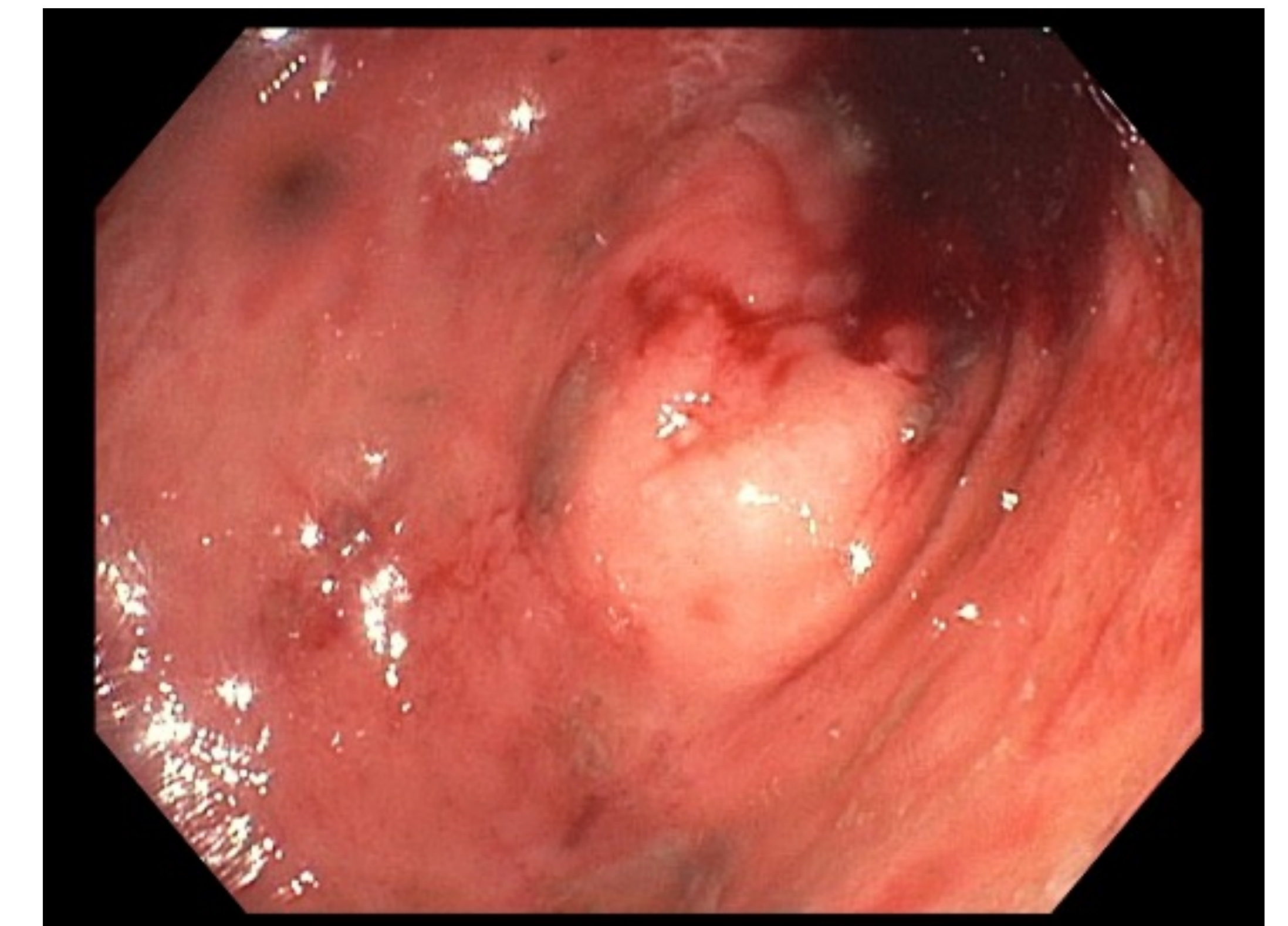


Figure 2: Friable, nodular, and scarred mucosa in the antrum, found to be gastric adenocarcinoma.

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