Remnant Stomach Bleeding In Roux-en-Y Gastric Bypass Anatomy Managed By Transgastric Ultrasound-guided Stenting And Hemostasis

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CLINICAL VINTAGE

INTRODUCTION

- RYGB patients have complex anatomy.
- Treatment of Upper GI bleeding and approaching the excluded stomach is challenging in this population of patients.
- Trans-gastric stenting creates an accessory pathway to the excluded stomach for further bleed assessment.

CASE PRESENTATION

- 58 Y/O female patient.
- S/P Roux-en-Y bypass surgery in 2004.
- Had fibular fracture 2 weeks prior to presentation and was given NSAIDS for pain management.
- Presented to the hospital with melena and anemia (Hb nadir of 5.7) (Figure 1 showing HB level trends).
- Had EGD and colonoscopy both were negative for bleeding.
- EUS was done to visualize the excluded stomach which showed very large clot burden in the excluded stomach (figure 2).
- Ultrasound guided gastro-gastric lumen apposing metal stent (LAMS) was placed (Figure 3).
- Large burden of clot was removed from the stomach and duodenum via LAMS (Figure 4).
- Deep ulcer with clot and active bleeding was identified in the posterior wall of the duodenum (figure 5).
- Bipolar cautery and epinephrin injection both failed to achieve hemostasis.
- Over the scope clip was considered but due to immature gastrogastric fistula, it was elected to use hemostatic powder application (figure 6).
- LAMS was left for further interventions .
- Repeat EGD was done after 3 days, excluded stomach was accessed threw previously placed LAMS and revealed normal mucosa.
- 6 weeks later the patient had a follow up EGD, LAMS was removed, and fistula site was closed with argon plasma resurfacing and suture.

IMAGES

FIGURE 1

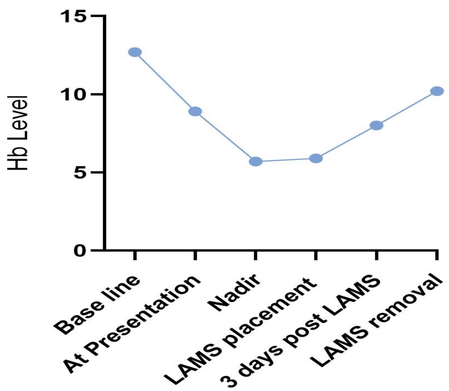


FIGURE 2

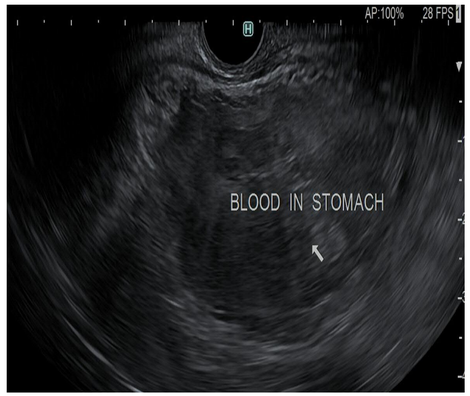


FIGURE 3

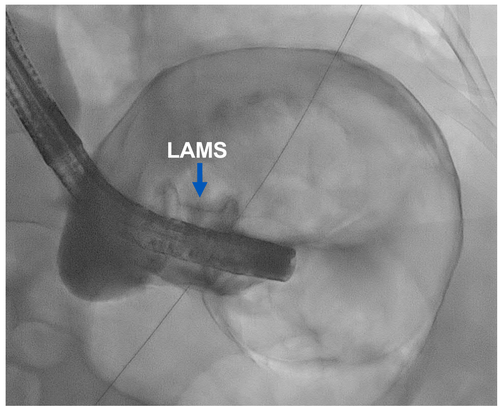


FIGURE 4

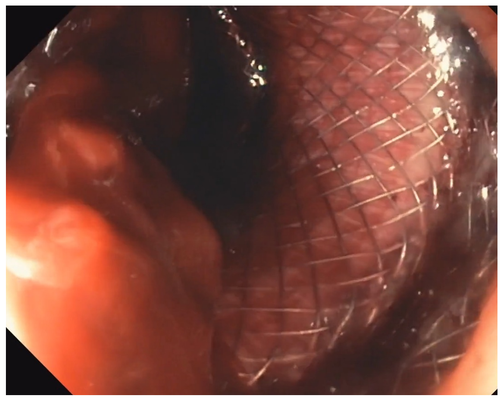


FIGURE 5

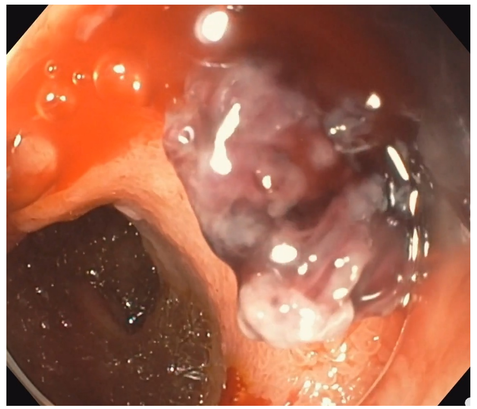
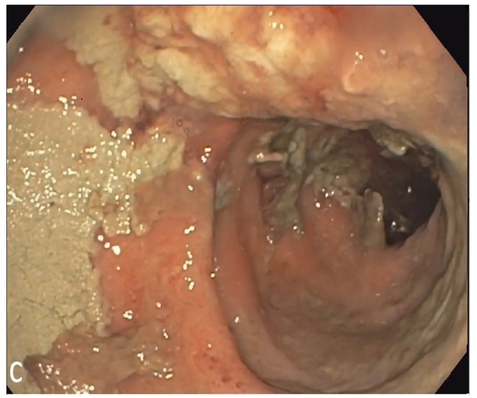


FIGURE 6

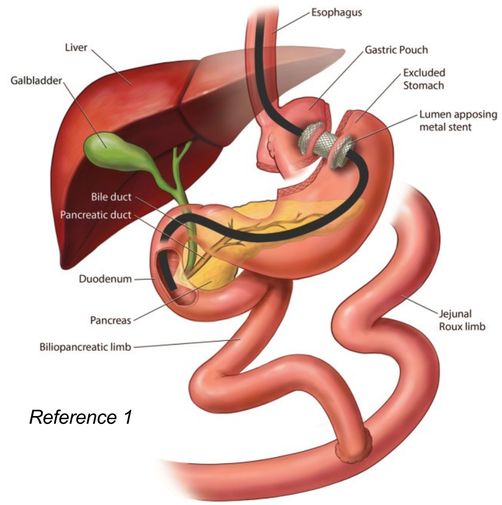


DISCUSSION/CONCLUSION

- Bleeding source identification is challenging in RYGB patients specially if it was in the stomach or the duodenum.
- We should always consider accessing the excluded stomach and the duodenum if no obvious source of bleeding was identified via EGD, colonoscopy, enteroscopy or angiogram.
- The LAMS used in this patient to access the excluded stomach is used here as “off-label use”.

ERCP with Roux-en-y Gastric Bypass Surgery

EDGE (Endoscopic ultrasound Directed transGastric ERCP) - Trans Gastric



Reference 1

REFERENCES

1- Khara HS, Parvataneni S, Park S, Choi J, Kothari TH, Kothari ST. Review of ERCP Techniques in Roux-en-Y Gastric Bypass Patients: Highlight on the Novel EUS-Directed Transgastric ERCP (EGDE) Technique. Curr Gastroenterol Rep. 2021 Jul 1;23(7):10. doi: 10.1007/s11894-021-00808-3. PMID: 34212281; PMCID: PMC8249251.