

# Gastrocolic Fistula after Roux-en-Y Gastric Bypass: A Case Report

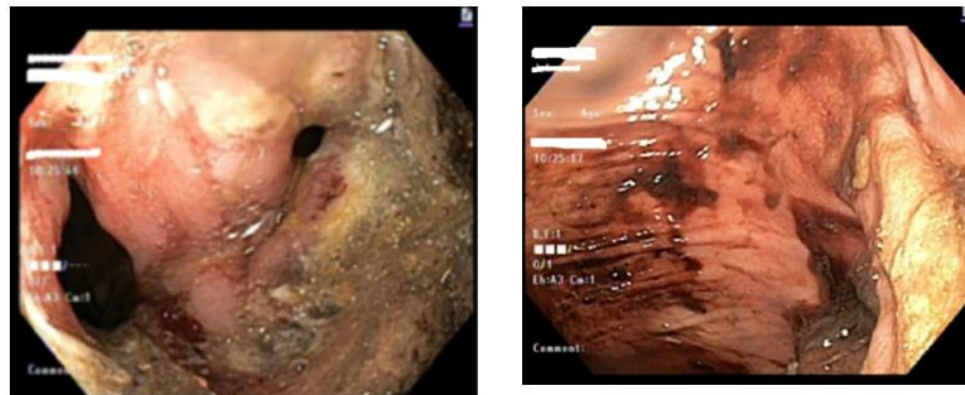
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## Background:

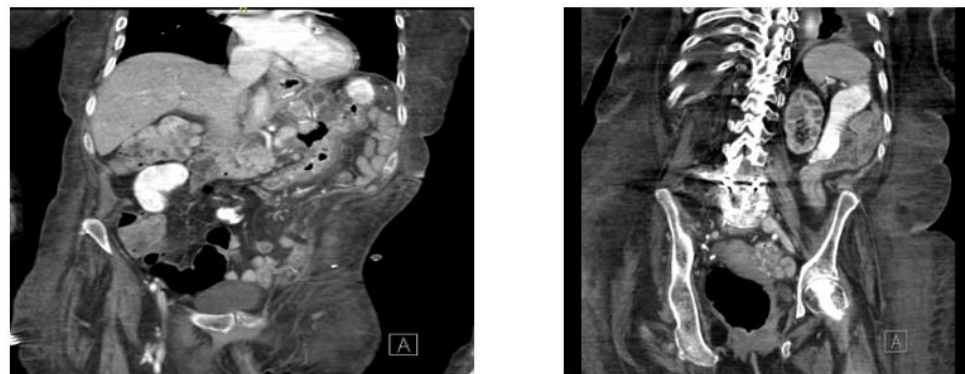
- Bariatric surgery is increasingly performed nowadays. Fistulas and leaks are known complications post-bariatric surgery.
- A gastro-colic fistula (GCF) is more often caused by cancer but is an uncommon condition directly caused secondary to gastric bypass surgery.
- This can lead to abdominal pain, feculent emesis, and malnutrition.
- Here we present a rare case of GCF presented after 20 years of Roux-en-Y Gastric Bypass (RYGB)

## Case Description:

- A 68-year-old female nursing home resident presented with dark maroon stool for one year and weight loss. She had a history of hypertension, diabetes, stroke, chronic ventilator-dependent respiratory failure, and retrocolic RYGB surgery in 2001.
- On physical examinations he was pale and malnourished with normal vital signs. The abdomen was soft with a gastrostomy tube in place. Laboratory data were within normal limits except for anemia (6.4 g/dL).



EGD: Transverse colon visualized through the fistulous tract



CT and gastrografen meal showed the rapid flow of contrast from the stomach to the transverse colon

## Patient course:

- EGD showed ulceration and stenosis of gastro-jejunoscopy and GCF. The fistula was intubated and showed feculent material from the transverse colon. Histology showed chronic inflammation and no evidence of a tumor.
- CT of the abdomen with contrast revealed the presence of a gastrocolic fistula.
- General surgery and bariatric surgery were consulted. However, she was not a candidate for surgical intervention due to her overall condition.

## Conclusion:

- Fistulous complications occur in up to 1- 6% of patients who undergo RYGB surgeries.
- Had the patient been a surgical candidate, exploratory laparoscopy with en-bloc resection of the fistula and reconstruction would have been the definitive surgical treatment for her GCF.
- It is strongly recommended that clinicians take a multi-disciplinary approach to this rare, but critical complication of bariatric surgery to ensure overall patient health optimization.