



Image of the month

Incarcerated Gastric Remnant After Laparoscopic Gastric Bypass[☆]



Remanente gástrico encarcerado tras bypass gástrico laparoscópico

María Esther Gámez Córdoba,^{*} Daniel Cabañó Muñoz, Alberto Rodríguez Cañete, Francisco Javier Moreno Ruiz

Departamento de Cirugía General, Digestiva y Trasplantes, Hospital Regional Universitario Carlos Haya, Málaga, Spain

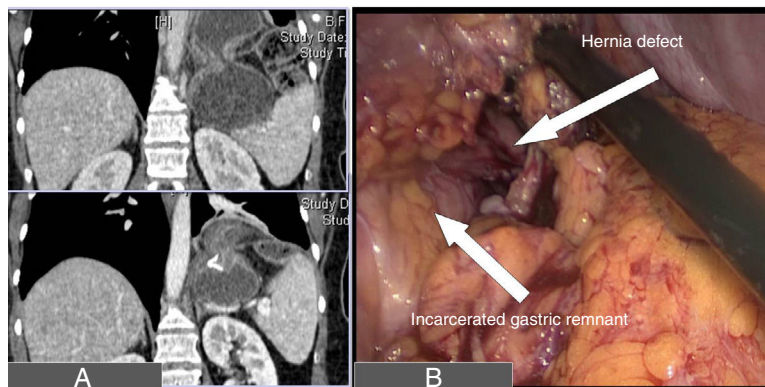


Fig. 1

A 49-year-old patient, who had undergone laparoscopic gastric bypass surgery 18 months earlier, came to the emergency room due to pain in the upper left quadrant. Computed tomography identified an adrenal-supradiaphragmatic “hourglass” collection (Fig. 1A). The contrast study did not demonstrate a leak or communication with the collection. Exploratory laparoscopy was indicated, which showed a paracardial diaphragmatic hernia that contained the incarcerated gastric remnant (Fig. 1B). Its reduction required conversion to laparotomy, partial gastrectomy and suture of the diaphragmatic defect. It should be noted that, during the initial surgery, a weakness was observed in the area of the crura of the diaphragm, with no associated hiatal hernia, which could be related to the etiology of this complication.

[☆] Please cite this article as: Gámez Córdoba ME, Cabañó Muñoz D, Rodríguez Cañete A, Moreno Ruiz FJ. Remanente gástrico encarcerado tras bypass gástrico laparoscópico. Cir Esp. 2017;95:168.

^{*} Corresponding author.

E-mail address: esthergamez1@gmail.com (M.E. Gámez Córdoba).