



## Image of the month

## Gastric twist obstruction after laparoscopic gastric sleeve ☆



## Obstrucción por twist gástrico tras sleeve gástrico laparoscópico

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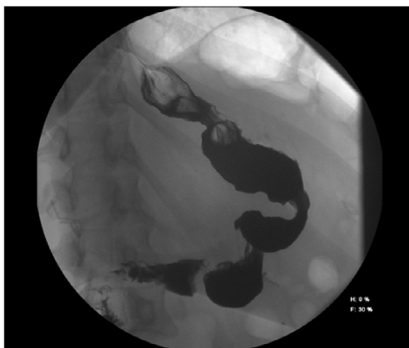


Fig. 1

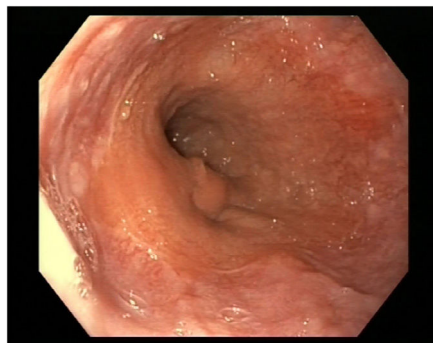


Fig. 2

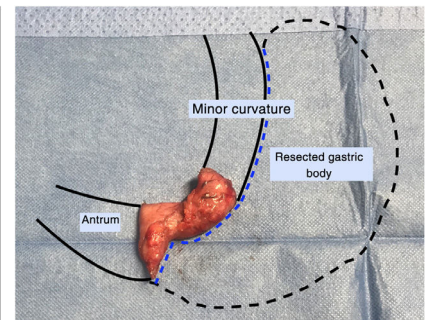


Fig. 3

A 44-year-old woman undergoing surgery in Turkey for obesity by laparoscopic tubular gastrectomy. Admitted due to oral intolerance after 61 days. Water, electrolyte, and nutritional replacement was given. The CT scan showed no contrast leakage and there appeared to be stenosis of the plasty. EGD showed rotation of the gastric body on its axis with two points with marked slowing of transit (Fig. 1); this finding was confirmed by oral panendoscopy (Fig. 2). After preconditioning, laparoscopic gastric bypass revision surgery was indicated, with resection of the stenotic body to avoid hyperpressure and dehiscence of the gastric stump (Fig. 3). Of patients undergoing gastric sleeve surgery, 2%–3% develop oral intolerance. Of these, 82% have a gastric twist on contrast study. Endoscopic treatment may be an option through prosthesis placement or pneumatic dilatation in short stenosis, but in cases of longer or refractory stenosis, conversion to gastric bypass may be necessary to resolve the stenosis.

Diagnosis: Gastric twist obstruction after tubular gastrectomy

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