Novel use of a cardiac septal occluder to treat a chronic recalcitrant bariatric fistula after Roux-en-Y gastric bypass

Although considered the gold standard for the treatment of obesity, bariatric surgeries are not free of complications. Fistulas occur after Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy in up to 8.3% and 7% of patients, respectively [1, 2]. We describe the first report of the off-label use of the cardiac septal occluder (AMPLATZER Septal Occluder; Abbott, St. Paul, Minnesota, USA) for the treatment of a chronic bariatric fistula (Video 1).

A 33-year-old man with grade II obesity underwent RYGB. After 1 week, the patient remained asymptomatic at the 3-month follow-up. The cardiac septal occluder device appears to be effective and safe in the treatment of chronic bariatric fistulas. It seems to be an option mainly after conventional therapies have failed.

Video 1 Off-label use of the cardiac septal occluder (AMPLATZER Septal Occluder; Abbott, St. Paul, Minnesota, USA) for the treatment of chronic fistula after bariatric surgery with Roux-en-Y gastric bypass. After 15 days, the cutaneous ostium was closed completely. The patient remained asymptomatic at the 3-month follow-up. The cardiac septal occluder device appears to be effective and safe in the treatment of chronic bariatric fistulas. It seems to be an option mainly after conventional therapies have failed.

Endoscopy with evidence of free fluid and abdominal collection.

Endoscopic view of the fistulous orifice.

Radiological image demonstrating absence of contrast leakage after placement of a fully covered self-expandable metal stent. The first (proximal) clip indicates the fistulous orifice and the second indicates the gastrojejunal (distal) anastomosis.

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the skin. The fistula tract was noted to be fully epithelized.

As this chronic fistula remained unresponsive, placement of a cardiac septal occluder was performed (▶ Video 1, ▶ Fig. 4) [4, 5].

After 15 days, the cutaneous ostium was closed completely (▶ Fig. 5). The patient remained asymptomatic at the 3-month follow-up.

Competing interests

Dr. Thompson reports personal fees from Boston Scientific, personal fees from Olympus, outside the submitted work.

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Bibliography

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