Endoscopic approach to complex gastric tube stricture after laparoscopic sleeve gastroplasty: a case report

As bariatric surgery becomes more prevalent, endoscopists commonly face adverse events now that this minimally invasive treatment has little morbidity and great efficacy [1]. Gastric tube stricture is one of the most common adverse events, occurring in 0.1 to 3.9% of patients [2, 3]. Mechanical stricture (gastric sleeve) and axis deviation are the entities that can cause obstruction [2]. Endoscopic treatment often includes pneumatic balloon dilation and/or self-expandable metal stent (SEMS) placement with great success rates [3, 4]. Recently, endoscopic tunneled stricturotomy has been adopted as a promising technique [5].

We present a case (▶Video 1) of a 55-year-old woman with morbid obesity (body mass index of 43.9 kg/m²). She underwent a laparoscopic sleeve gastrectomy and developed progressive dysphagia in the follow-up. Upper gastrointestinal (GI) endoscopy and contrast X-ray image revealed gastric tube stricture and axis deviation.

An endoscopic tunneled stricturotomy with full-thickness dissection was performed 6 months after the surgery, although without technical or clinical success.

A new endoscopic approach was performed with pneumatic balloon dilation (30 mm) followed by placement of a 23 × 105-mm partially covered esophageal SEMS (PCSEMS) (▶Fig. 1). To avoid stent migration, a nasoenteral feed tube with suture threads was fixed to the stent using metallic clips (▶Fig. 2). After this procedure, the patient improved clinically and tolerated a soft oral diet well. At 18 days after placement, intense tissue hyperplasia in the proximal and distal portions of the stent (uncovered areas) made removal impossible (▶Fig. 3). So a 23 × 155-mm fully covered esophageal stent (FCSEMS) was placed over the first stent (stent-in-stent technique) (▶Fig. 4). After 1 week, the patient pre-
Presented good acceptance of a soft oral diet and both stents were removed endoscopically without complications (▶ Fig. 5).

Currently (2.5 months after the last procedure), the patient remains with a good soft oral diet intake and stable weight. She is satisfied with the improvement in her quality of life and no further endoscopic intervention is necessary.

**References**


**Bibliography**

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