Bariatric surgery is currently the most effective treatment strategy for obesity; however, post-surgical fistulas may occur in up to 8.3% of patients following traditional Roux-en-Y gastric bypass (RYGB) [1]. Currently endoscopic treatment of these complications remains challenging, with unsuccessful fistula closure occurring in 20% of patients [1, 2]. More recently, the use of a cardiac septal defect occluder (CSDO) device has been proposed as a novel treatment for the closure of gastrointestinal fistulas. A CSDO is a double-disc self-expanding closure device made of nitinol and interwoven polyester. The successful use of CSDOs in the management of gastrointestinal surgical and bariatric leaks has been reported; however, there are limited data regarding long-term outcomes [3, 4]. In this video, we describe the successful closure of a gastrocutaneous fistula using a CSDO and demonstrate persistent closure at long-term follow-up (▶Video 1). A 36-year-old man with a history of RYGB 3 years previously presented to our institution with a gastrocutaneous fistula. Initial treatment with a fully covered self-expandable metal stent (SEMS) was unsuccessful, and the patient subsequently underwent treatment with a CSDO [5]. The CSDO procedure was immediately successful with closure of the gastrocutaneous fistula and, at 1-year follow-up, endoscopy demonstrated an intact, well-positioned CSDO, with no evidence of a fistula (▶Fig. 1a). At 3-year follow-up, routine endoscopy did not identify the CSDO (▶Fig. 1b). An upper gastrointestinal contrast study was performed and confirmed that the CSDO was not present in the gastrointestinal lumen or intra-abdominal cavity (▶Fig. 2). Despite the presumed migration of the device, the fistula remained closed with no recurrent fistula or leakage noted. In summary, the use of a CSDO device appears to be a safe and effective long-term endoscopic follow-up after closure of a post-bariatric surgery fistula with a cardiac septal defect occluder.
term treatment for patients with postsurgical gastrocutaneous fistulas. While more data are needed to verify these results, CSDOs may be a feasible alternative for gastrointestinal leaks and fistulas that are refractory to traditional endoscopic techniques.

Endoscopy_UCTN_Code_TTT_1AO_2AI

Competing interests

The authors declare that they have no conflict of interest.

The authors

Diogo Turiani Hourneaux de Moura1, Mateus Bond Boghossian1, Bruno Salomão Hirsch1, Thomas R. McCarty2, Alberto Jose Baptista3, Eduardo Guimarães Hourneaux de Moura1

1 Gastrointestinal Endoscopy Unit, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil
2 Gastroenterology, Hepatology, and Endoscopy Division, Harvard Medical School, Brigham and Women’s Hospital, Boston, Massachusetts, USA
3 Department of Endoscopy, Hospital de Clínicas Caracas, San Bernardino, Venezuela

Corresponding author

Mateus Bond Boghossian, MD
Av. Dr Enéas de Carvalho Aguiar, 225, 6º andar, bloco 3, Cerqueira César, São Paulo, SP, 05403-010, Brazil
mateus.boghossian@hc.fm.usp.br

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Endoscopy 2022; 54: E127–E128
DOI 10.1055/a-1422-2631
ISSN 0013-726X
published online 16.4.2021
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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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