Long-term endoscopic follow-up after closure of a post-bariatric surgery fistula with a cardiac septal defect occluder

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 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.

Competing interests

The authors declare that they have no conflict of interest.

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References