Roux-en-Y gastric bypass (RYGB) is a highly effective surgical approach for the treatment of morbid obesity [1]. Postsurgical bleeding leading to intraluminal blood clot formation causes gastric outlet obstruction (GOO) at the site of the anastomosis, and is typically managed by laparotomy or surgical revision [1,2]. Gastrojejunal clots causing GOO following laparoscopic RYGB occur in 3%–27% of patients [2]. Endoscopic dilation of gastrojejunal obstruction provides an alternative to surgical revision, but symptomatic relief may require up to three dilations [3,4]. We present a case series of three patients who developed intraluminal blood clots at the gastrojejunal anastomosis (GJA) within 72 hours of robotically assisted RYGB surgery.

The first case was a 63-year-old woman with morbid obesity (body mass index [BMI] 42 kg/m²) who presented with persistent nausea and vomiting for 3 days after an elective RYGB. Routine upper gastrointestinal series revealed no evidence of emptying into the alimentary limb. Subsequent esophagogastroduodenoscopy revealed a large blood clot at the GJA (Fig. 1). After unsuccessful attempts to irrigate the clot, biopsy forceps were utilized to fragment it. In addition, an 8-mm balloon was advanced twice through the clot and inflated to successfully create a lumen (Fig. 2). The second and third cases were a 53-year-old woman (BMI 43 kg/m²), respectively, who presented with nausea for 3 days after RYGB surgery. Upper gastrointestinal series revealed retention of contrast in the alimentary limb after creation of the gastrojejunal anastomosis (GJA) within 72 hours of robotically assisted RYGB surgery. Routine upper gastrointestinal series revealed no evidence of emptying into the alimentary limb. Subsequent esophagogastroduodenoscopy revealed a large blood clot at the GJA (Fig. 1). After unsuccessful attempts to irrigate the clot, biopsy forceps were utilized to fragment it. In addition, an 8-mm balloon was advanced twice through the clot and inflated to successfully create a lumen (Fig. 2).

All three patients experienced relief of GOO without undergoing surgical revision, resulting in a shorter hospital stay and lower morbidity [4,5]. Moreover, these cases show that a single dilation may be sufficient to provide relief.

Competing interests: None

Kumkum S. Patel1, Jarred Marshak1, Anik M. Patel2, James H. Grendell2, Collin E. Brathwaite3

1 Department of Internal Medicine, Winthrop University Hospital, Mineola, New York, USA
2 Division of Gastroenterology, Winthrop University Hospital, Mineola, New York, USA
3 Division of Surgery, Winthrop University Hospital, Mineola, New York, USA

References

Bibliography
Endoscopy 2014; 46: E470
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Kumkum S. Patel, MD
Department of Internal Medicine
Winthrop University Hospital
260 First Street
Apt. B13
Mineola
NY 11501
USA
Fax: +1-516-663-8796
kumkum.sarkar@gmail.com
kspatel@winthrop.org

Patel Kumkum S et al. Relief of gastric outlet obstruction after RYGB. Endoscopy_UCTN_Code_TTT_1AO_2AH