Hemorrhagic gastritis at the excluded stomach after Roux-en-Y gastric bypass

Anemia frequently occurs in patients after Roux-en-Y gastric bypass. The causes are usually related to surgery, anastomotic site lesions, or malabsorption of nutrients caused by altered anatomy and physiology [1]. A 57-year-old man underwent an uncomplicated laparoscopic Roux-en-Y gastric bypass for morbid obesity and experienced melena and anemia 10 years after surgery. His medical history included hypertension and insulin-dependent diabetes mellitus that disappeared after surgery. Laboratory findings revealed a hemoglobin level of 5.9 g/dL and iron deficiency (iron, 47 µg/dL; ferritin 11 ng/mL; iron saturation, 8.6%). His medications included vitamin B12 and omeprazole (20 mg/day). Endoscopy, colonoscopy, and abdominal computed tomography showed no abnormalities apart from anatomical changes related to surgery. Double-balloon enteroscopy showed the pylorus and hemorrhagic erosive pangastritis at the excluded stomach (Video 1). Biopsy specimens were negative for Helicobacter pylori and demonstrated chronic active gastritis, regenerative activity, and foveolar hyperplasia. The omeprazole dosage was increased to 40 mg/day. The patient progressed without melena, and with a continuing increase in the hemoglobin level. After 3 months of treatment, double-balloon enteroscopy revealed atrophic pangastritis, but no bleeding focus. Laboratory tests exhibited a normal iron profile with a hemoglobin level of 15.5 g/dL, iron 155 µg/dL, ferritin 44.7 ng/mL, and iron saturation, 29.5%.

This case shows the importance of double-balloon enteroscopy for examining the excluded stomach in patients with Roux-en-Y gastric bypass. In addition, double-balloon enteroscopy has proven useful for the evaluation and therapy of obscure gastrointestinal bleeding in patients with a surgically altered upper gastrointestinal anatomy [2].

Competing interests: None

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DOI http://dx.doi.org/10.1055/s-0034-1390778
Endoscopy 2014; 46: E630
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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Fig. 1 Endoscopic view of the pylorus from the duodenum in a 57-year-old man who had undergone an uncomplicated laparoscopic Roux-en-Y gastric bypass for morbid obesity 10 years earlier and who was experiencing melena and anemia.

Fig. 2 Endoscopic image of hemorrhagic erosive gastritis at the excluded stomach 10 years after Roux-en-Y gastric bypass for morbid obesity.

Video 1 Double-balloon enteroscopy showing hemorrhagic erosive pangastritis at the excluded stomach.