

# Chronic abdominal pain secondary to torsion of jejunojejunostomy anastomosis, after bariatric surgery

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## Abstract

Meso torsion at jejunojejunostomy anastomosis is an infrequent cause of chronic abdominal pain after bariatric surgery. The etiology is multifactorial, the most common cause is structural alterations in the anastomosis of the jejunojejunostomy. Its diagnosis is a clinical challenge due to its non-specificity and it is not uncommon for it to be intraoperative. The reversal of the torsion or the creation of a new anastomosis are the therapeutic key.

## Keywords:

- Meso
- Torsion
- Chronic
- Abdominal
- Pain

## Objectives

Mesenteric torsion at the jejunojejunostomy anastomosis is a rare cause of chronic abdominal pain following bariatric surgery. Its etiology may be due to mechanical or functional dysfunction of the anastomosis between the bile-pancreatic and digestive loop. These alterations may be favored by the elongation of the mesentery, resulting from the loss of intra-abdominal fat. The diagnosis is established using an abdominal CT with contrast, observing the “swirl sign”, which is highly suggestive of mesenteric torsion. Proposed treatment is surgical, performing a reversal of the mesenteric torsion if possible and in unfavorable cases, a new anastomosis should be recreated. Our objective is to analyze and perform a literature review of this etiology as a cause of chronic abdominal pain following bariatric surgery.

## Material and methods

A 45-year-old woman undergoing laparoscopic gastric bypass surgery in 2015 due to morbid obesity (BMI=45). She was referred in 2021 due to epigastric pain with one year

of evolution, which improved after eating, with alternating periodicity (three times a week). Furthermore, the pain was associated with nausea and minor abdominal distension and difficulty in deposition. The physical examination and complementary tests (blood tests and gastroscopy) did not reveal any alterations, so an abdominal CT scan was requested, in which the “swirl sign” was observed at the level of the anastomosis.

## Results

Due to this finding and the persistent clinical findings, it was decided to perform an exploratory laparoscopy, finding mesenteric torsion of the biliopancreatic loop at the level of the jejunojejunostomy anastomosis, possibly related to a structural alteration of the anastomosis and a lack of closure of the mesenteric gap. Given the presence of possible vascular compromise, a resection of the previous anastomosis was carried out and a new anastomosis of the biliopancreatic loop was created with the digestive loop and the closure of the mesenteric gap between the two. The postoperative period

passed with no incidences, with adequate oral tolerance, and the patient was discharged on the second postoperative day, being currently asymptomatic.

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## Conclusion

Meso torsion at the jejunojejunostomy anastomosis is a rare cause of chronic abdominal pain following bariatric surgery. The etiology is multifactorial, with the most common cause being structural alterations in the anastomosis of the jejunojejunostomy. Its diagnosis is a clinical challenge given its non-specificity and it is not uncommon for it to be intraoperative. Reversal of the torsion or the creation of a new anastomosis are the therapeutic key.

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