Intragastric erosion of adjustable gastric band

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Introduction

Laparoscopic adjustable gastric banding (LAGB) is a safe and effective procedure for the management of morbid obesity.

Case Report

A 25-year-old woman, BMI-43, had a LAGB operation 5 years previous and she exercised undisciplined dietary compliance. She reported to the ER with abdominal pains located near the epigastric and both hypochondria, without suffering nausea or any other pathological symptoms. An emergency CT scan (Fig. 1) was performed and revealed a 10 cm area containing a liquid content near the right hypochondria.

The pooling liquid was punctured by the radiologist and a serous-like liquid was extracted. In order to complete the study, during her admission an esophago-gastro-duodenoscopy (Fig. 2A) was performed and a foreign body was found partially located in the gastric wall and could not be remove using endoscopic techniques. Finally the decision was made to perform a laparoscopic intervention. A big abscess of the lesser stomach curvature, perforation of and intragastric migration of the band were discovered so the band was removed by a gastrostomy (Fig. 2B).

Discussion

AGB placement has the lowest morbidity and mortality amongst the various bariatric surgery techniques [1]. Possible complications of this technique include stoma obstruction, foreign body infection, erosion throughout the gastric wall and migration of the band, gastric herniation inside the band, device malfunction, esophagitis and esophageal dilatation.

These complications are rare and can be resolved adequately by laparoscopic intervention and as a result the gastric band continues to be one of the most common bariatric procedures [3]. Pouch dilatation is characteristic of band slippage because of the artificial herniation created by the band position [4].

Other relevant facts are the absence of stomach compliance due to restrictive diets and/or recurrent vomiting, excessive anaerobic activity, accompanied by important weight loss [5,6].

The last point has to do with massive loss of body fat associated with connective tissue reduction in the stomach and abdominal area.

Band slippage and stomach erosion must be suspected in patients who show signs of gastro-esophageal reflex (GER), epigastric pain [7], nausea, vomiting, and/or sudden weight re-gain [8].

Despite the first symptom in our patient being epigastric pain, radiologists, gastroenterologists and surgeons should be able to recognize this event to be able to provide prompt diagnosis and treatment.
References