



Gastro-Gastric Fistula after Sleeve Gastrectomy

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A 37-year-old patient underwent a sleeve gastrectomy (SG) complicated by a proximal leak refractory to multiple sessions of endoscopic internal drainage (i.e., pigtail stents) combined with enteral nutrition. During the follow-up, the patient complained of food intolerance. The CT scan (Fig. 1a) and the upper-gastrointestinal endoscopy (Fig. 1b) showed a large gastro-gastric fistula (GGF) with delayed gastric emptying and a helix medio-gastric twist (HMT) (Fig. 1c). On reoperation (Fig. 2), the GGF was confirmed as well as the presence of a HMT as a promoting factor of leak persistence and of gastrointestinal symptoms. An open total gastrectomy with esophagojejunal anastomosis was performed with uneventful postoperative course.

Sleeve gastrectomy (SG) is the most popular bariatric procedure providing sustained weight loss with comorbidity remissions and limited morbidity.¹ Although rare, post-SG leaks (i.e., 2.2%) can persist in 0 to 41% of the cases despite optimal conservative management.² Chronic leaks can be associated with the presence of a large gastric pouch² and a medio-gastric stenosis.³ The surgical management of this complication is not well standardized but mandatory and depends on the fistula location, local conditions, and of the communication with an adjacent organ (i.e., colon, pleura).³ This case report demonstrates that chronic GGF can occur when a downstream stenosis is associated. A better and earlier

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Fig. 1 Computed tomography scan with oral contrast (**a**) and gastroscopy (**b**) demonstrated a gastro-gastric fistulous tract (F) at the proximal part of the gastric sleeve bypassing the gastric lumen (L). (**c**) Schematic representation of the GGF and of the helix medio-gastric twist (HMT)

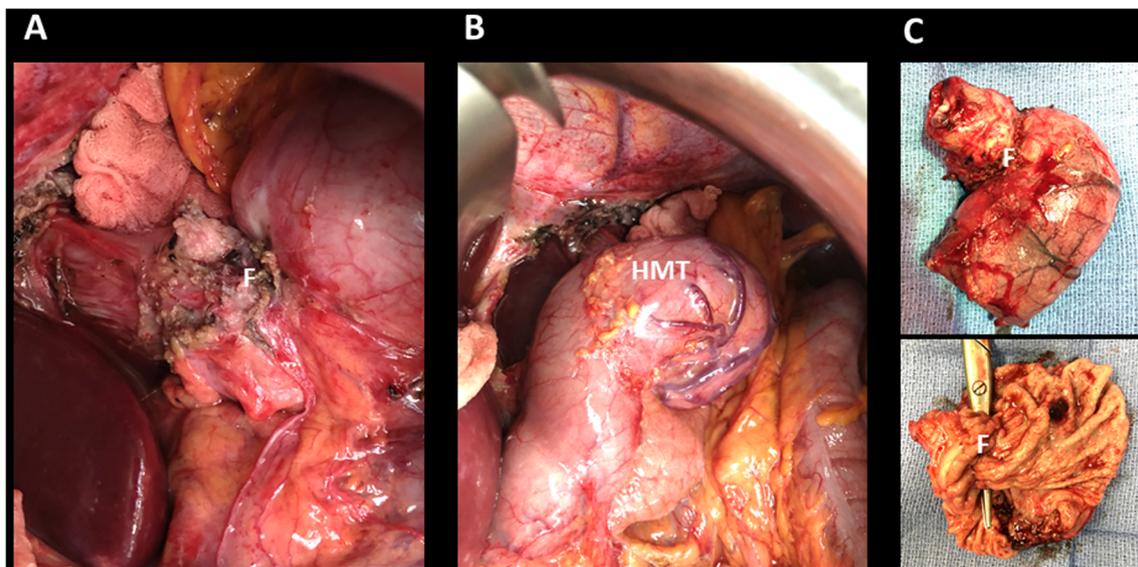
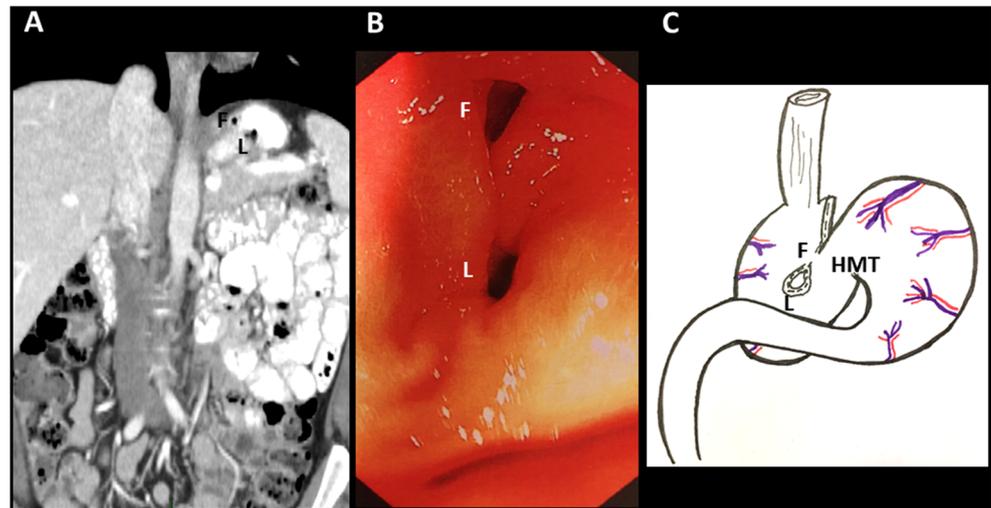


Fig. 2 a–c Intraoperative views showing a proximal chronic gastro-gastric fistula with a well-organized fistulous tract (F); associated with a HMT downstream the fistula (**b**)

identification of the predictive factors of chronic fistula is necessary to warrant adequate and on-time surgical management.

Contributions As per the guidelines of the International Committee of Medical Journal Editors (ICMJE), all authors equally contributed to discussion, case conceptualization, writing, and reviewing of the manuscript.

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