We herein report a case of a 53 year old woman with morbid obesity who had a vertical band gastroplasty twenty-five years ago presenting with a one day history of significant melena as well as left sided abdominal pain and nausea. Her hemoglobin downtrended to 7.7 with continued active melena in the emergency room requiring blood transfusion. EGD revealed hematin in the stomach with an eroded gastric band in the cardia of the stomach with surrounding ulcerated and inflamed mucosa. The surgery service was subsequently consulted and felt that taking the patient to the OR would be too high risk given the patient’s multiple co-morbidities. A therapeutic endoscopy was later performed for removal of the eroded band and to allow for more adequate mucosal healing to occur. Using a T2 scope, the mesh was grasped with forceps and pulled taut while endoscissors were used to cut and remove the majority of material to allow the cardia to return to its normal physiological position. After cutting away the major portion of the eroded band, the small remnants of mesh material retracted into the submucosa and the cardia became less constricted. The patient subsequently did well with no further bleeding or need for blood products and was discharged home several days later.

This case further demonstrates the viability of endoscopic treatment of erosive vertical bands, which has been previously outlined in the literature [1, 3, 4]. Eroded bands remain a significant long term complication of vertical band gastroplasty. Appropriate management and treatment of complications related to vertical band gastroplasty continues to be important, particularly as more of these patients are now presenting with long term complications from vertical bands performed ten to twenty years ago. Relief of obstruction and reduction of gastric band material to allow for better healing along with reduction of further complications such as recurrent bleeding is achievable via an endoscopic approach. As the frequency of long term complications rise, the role of endoscopic therapy will continue to play an important role in the management of these patients. Our case demonstrates a viable, relatively low risk therapeutic option for treatment of complications related to vertical band gastroplasty.