Successful Endoscopic Stenting of an Anastomotic Leak following Gastric Bypass Surgery
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Case Presentation
59 year old female with a past history of Roux-en-Y bypass in 2008 presented with active hematemesis as well as bright red blood per rectum in the setting of hypotension. She was taken to the operating room for an EGD which showed a post-anastomotic jejunal ulcer spurring blood from a large artery, unamenable to treatment with epinephrine, clips, or bicap. She underwent an urgent exploratory laparotomy in order to control the hemorrhaging with resection of the gastrojejunal anastomosis and Roux limb of the jejunum and gastrogastric reanastomosis and suturing of a bleeding retroperitoneal vessel which was thought to be most likely the left gastric artery. Several days post-op, the patient began having fevers and a CT scan demonstrated extravasation of contrast consistent with a gastric anastomotic leak with a 11x8cm fluid collection adjacent to the greater curvature of the stomach. The surgery team expressed concern regarding further surgical repair of the leak given the overall lack of remaining healthy gastric tissue and the potential difficulty of the operation. The patient was taken to the operating room for evacuation of the large retrogastric hematoma along with an EGD at the same time for repair of the anastomotic leak with stenting.

Results
EGD revealed an area of inflamed, erosive mucosa in the area of the anastomotic leak. A 23x15.5mm WallFlex covered stent was successfully placed around the pouch-gastric anastomosis. The proximal end of the stent was successfully anchored in the mid-esophagus with clips. The patient subsequently did well and an endoscopy performed 8 weeks later for stent removal showed no further signs of an anastomotic leak with healed gastric mucosa.

Discussion
The most common early and serious complication of Roux-en-Y gastric bypass surgery is extra luminal leaks. The mainstay of therapy, in the form of adequate drainage and correction of the defect, has classically been surgery. In the setting of our case, where surgical intervention was deemed difficult secondary to lack of usable tissue, endoscopy with stenting across the leak offered a well-tolerated, non-invasive alternative. As this case demonstrates, endoscopy with stenting can serve a role in the management of anastomotic leaks in select cases. Studies have demonstrated the safety and efficacy of intraluminal stent placement for management of anastomotic leaks in select cases. Studies have demonstrated the safety and efficacy of intraluminal stent placement for varying bariatric surgeries complicated by anastomotic leak. More head to head and prospective studies to compare outcomes between those that undergo operative vs endoscopic correction of anastomotic leaks would be helpful to further study the utility and appropriate tailoring of this technique to different clinical scenarios.