


Late complication of Roux-en-Y Gastric Bypass: Marginal ulcer perforation

Roux-en-Y Gastrik Bypass'ın geç komplikasyonu: Marjinal ülser perforasyonu

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ABSTRACT

In recent years, morbid obesity has tended to increase as a human problem. Surgical options are used in cases where medical treatments are not a solution. One of the surgical options is Roux en-Y gastric bypass surgery (RYGB). RYGB is more effective than other surgical options and is one of the most frequently preferred methods (1, 2). We present a female patient who presented to our emergency department with marginal ulcer perforation 1 year after RYGB.

Keywords: Late complication, marginal ulcer, perforation.

ÖZ

Son yıllarda morbid obezite bir insanlık sorunu olarak artma eğilimindedir. Tıbbi tedavilerin çözüm olmadığı durumlarda cerrahi seçeneklere başvurulmaktadır. Cerrahi seçeneklerden biri de Roux en-Y gastrik bypass ameliyatıdır (RYGB). RYGB diğer cerrahi seçeneklere göre daha etkilidir ve en sık tercih edilen yöntemlerden biridir. Acil servisimize RYGB'den 1 yıl sonra marjinal ülser perforasyonu ile başvuran bir kadın hastayı sunuyoruz.

Anahtar Sözcükler: Geç komplikasyon, marjinal ülser, perforasyon.

A 38-year-old woman was admitted to our emergency department with severe abdominal pain and nausea. The patient had no history of non-steroidal anti-inflammatory and steroid use. There was no history of alcohol consumption and diabetes mellitus. She was a cigarette smoker. After RYGB surgery, the patient had dyspeptic complaints and occasional abdominal pain. Recently, the pain tended to increase. Control endoscopy was not performed within 1 year after RYGB. Physical examination revealed diffuse abdominal tenderness and rebound. computed tomography showed free air in the abdomen. The patient was operated under emergency conditions. During the operation, a 2 cm perforation area was observed in the gastrojejunostomy anastomosis line (**Figure-1**). The perforated area was closed with omentoplasty. The biopsy taken from the perforated area was reported to be compatible with ulcer.

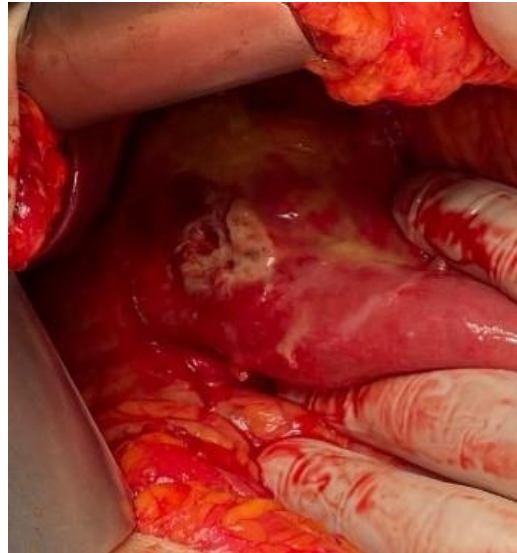


Figure-1. Perforated area after RYGB

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Application date: 13.12.2023 Accepted: 27.03.2024

Marginal ulcer (MU) in gastro-jejunal anastomosis after RYGB is seen in 1-4.6%. The duration of occurrence of MU changes between 1 month and 6 years (2). Late perforation due to MU is seen with a rate of 0.6-16% in patients with RYGB (3). Mortality rates related with gastric perforations may rise up to 30% (1, 4, 5). Therefore, close follow-up and treatment of RYGB patients is important. We recommend gastroscopy for RYGB patients with dyspeptic stomach complaints.

Gastroscopy should be performed before the first 6 weeks if postoperative bleeding and stenosis are considered, and after the first 8 weeks if MU is considered (6). Biopsy should be taken for *Helicobacter pylori* and eradication should be performed if *H. pylori* is present. Smoking alone may be sufficient in the pathophysiology of MU in patients with RYGB (7, 8). Therefore, risk factors that may lead to the development of MU in patients with RYGB should be well identified. The seriousness of MU and its complications should be clearly explained to patients.

Conflict of interest: There is no conflict of interest.

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