

<b>Case</b>	(606) A roux-en-y gastric bypass postoperative complication: acute anastomotic bleeding with secondary pancreatitis.
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## CASE PRESENTATION

A 32-year-old woman who recently underwent a Roux-en-Y gastric bypass presents an intense abdominal pain. An urgent abdominopelvic computed tomography (CT) is required to discard acute intraabdominal complications.

The main finding is a hyperdense laminar wall point adjacent to the anastomotic union of the biliopancreatic limb. It increases in the later phase, which highly suggests active bleeding. An increased bowel diameter, wall thickness and hyperdense hematic content of the biliopancreatic limb are also observed.

Furthermore, pancreatic parenchyma appears with increased size, locoregional inflammatory changes and peripancreatic, perihepatic, perisplenic and perirenal liquid, compatible with secondary acute pancreatitis.

## DISCUSSION

Bariatric surgery for obesity is considered when other treatments have failed. Numerous complications of this surgery are known and require recognition to be appropriately treated.

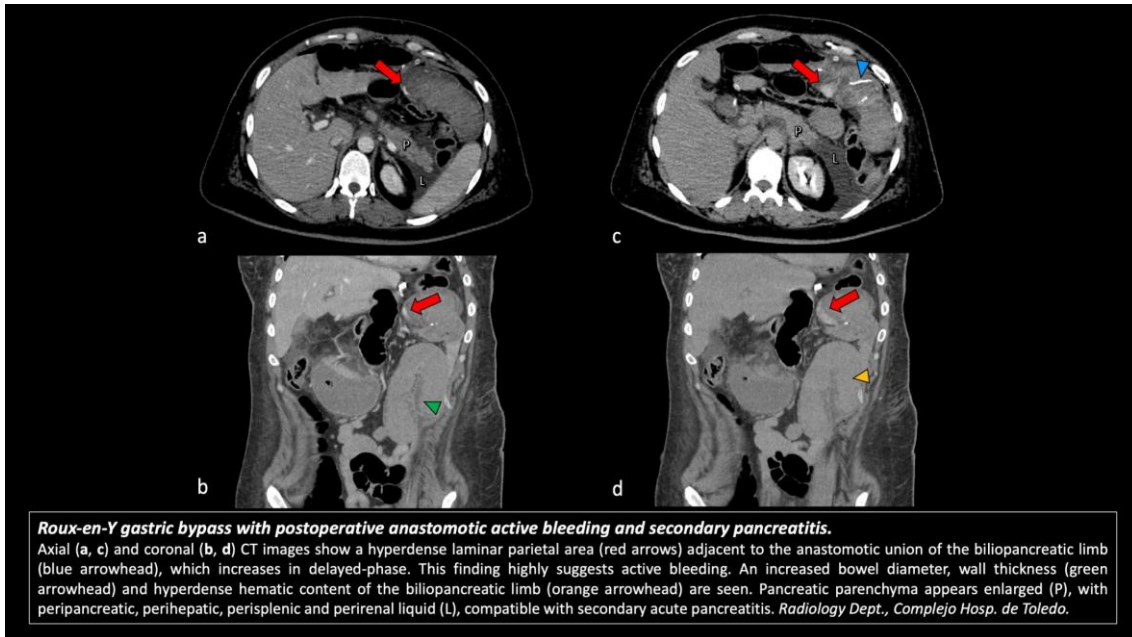
Early gastrointestinal complications of gastric bypass surgery include, among other things: anastomotic leak (usually at the gastrojejunal anastomosis), acute ischemia and anastomotic active bleeding, as it was in this case.

The main finding is a contrast blush within the bowel lumen, adjacent to the anastomosis, which increases in delayed-phases of the study. Abdominal pain and hemoglobin decrease also corroborated it.

## CONCLUSION

Although anastomotic bleeding is not the most common complication on the postoperative period of bariatric surgery, it is essential to recognize it, in order to treat it as soon as possible.

Emergency surgery was necessary, proving a full occupation of the biliopancreatic limb lumen with blood content and an active bleeding point at the anastomotic union.



## BIBLIOGRAPHY

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