

Case	(633) Bowel obstruction at the jejunum-jejunal anastomosis caused by hemobezoar. a rare complication during roux-en-y gastric bypass early postoperative period.
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## CASE PRESENTATION

64-years old women underwent a Roux-en-Y gastric bypass (bariatric surgery). There were no complications during the surgery.

24 hours after surgery the patient presented several coffee-ground emesis, which were treated medically. At 48 hours the patient presented with significant epigastric pain and peritonitis signs.

An abdominal CT scan was performed to rule out anastomotic leak.

The CT scan revealed a significant dilation of the biliopancreatic limb up to gastric remnant and an hyperdense content in the bowel lumen, compatible with a clot. There were no signs of anastomotic leak or failure.

The patient underwent to laparoscopic surgery that evidenced dilation of the biliopancreatic limb and the antral region of the gastric remnant, and performed enterotomy with aspiration of 700 ml of hematic and biliary content. Foley catheter was left as a decompressive gastrostomy.

## DISCUSSION

The small bowel obstruction is a severe complication after laparoscopic Rouxen-Y gastric bypass, that may be secondary to internal hernias, anastomotic stenosis or adhesions, and more rarely, intussusceptions or hemobezoar.

The blood clot formation after bleeding in staple lines anastomosis induces a jejuno-jejunal obstruction with hematic liquid accumulation. In order to recognize this complication, the following key points must be known:

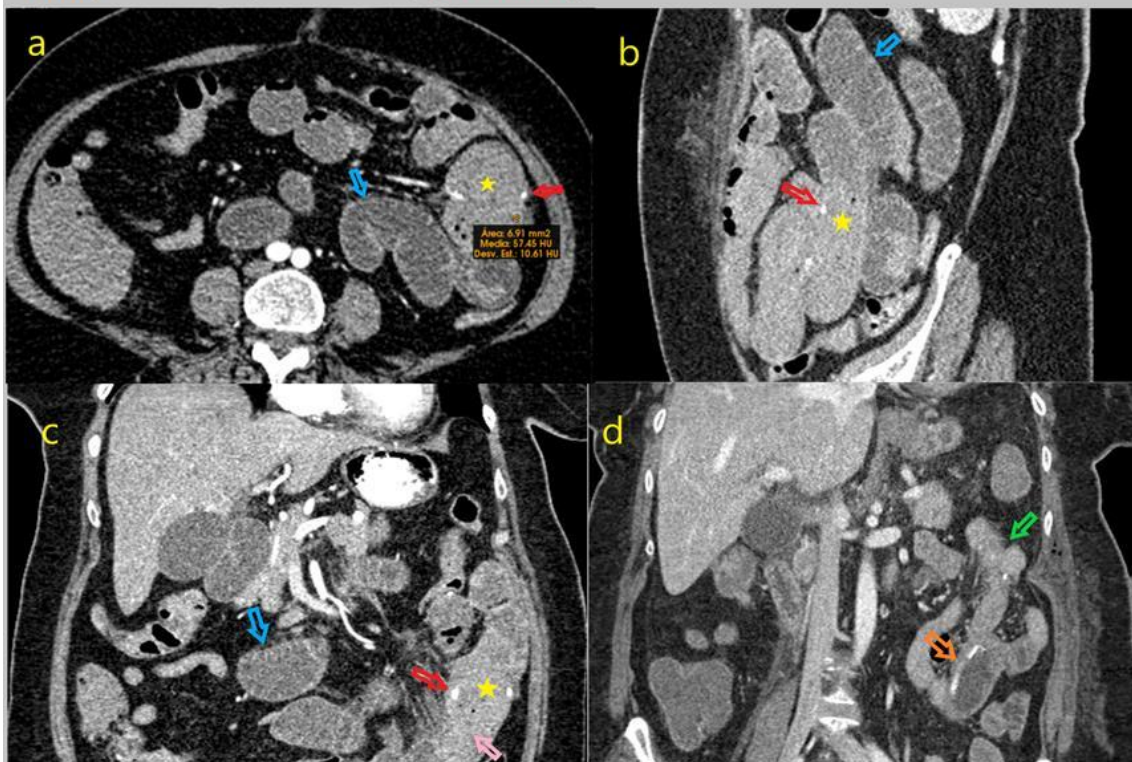
- Knowledge of the normal postoperative Roux-en-Y gastric bypass appearance
- Clinical presentation is abdominal pain and vomiting with traces of blood in the early post-op (2-5º day)
- CT scan shows a transition point from dilated small-bowel segments to non dilated small bowel
- Hyperdense content (50-80 HU) in the bowel lumen that suggests an intraluminal clot.

## CONCLUSION

Hemobezoar is a rare cause of jejunum-jejunal obstruction after by-pass Rouxen-Y surgery. The early recognition of the symptoms and the performance of an urgent image test are essential for the diagnosis.

The CT scan provides important information about the cause and the position of the obstruction and it helps to rule out other possible early postoperative complications. The prognosis of this complication depends on the diagnosis and early treatment.

Early post-operative multiplanar CT scan (a, b, and c) showed dilation of jejunum-jejunal anastomosis (**red arrow**) and retrograde dilation of the biliopancreatic limb (**blue arrow**). The endoluminal content of the biliopancreatic loop showed high attenuation (57HU) (**yellow star**) and extension to the alimentary loop through the anastomosis (**pink arrow**) compatible with hemobezoar. Coronal CT scan (d): after urgent laparoscopic surgery and aspiration of the hemobezoar we can see resolution of the dilatation of the jejunum-jejunal anastomosis (**orange arrow**) and the bilio-pancreatic loop (**green arrow**).



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