

Clinical picture

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Suture erosion after gastric bypass surgery

A 45-year-old woman reported recurrent abdominal pain and a sensation of food sticking in the gastric pouch 4 years after Roux-en-Y gastric bypass surgery for morbid obesity. On upper gastrointestinal endoscopy a prolene suture that had eroded through the posterior wall of the gastro-jejunal anastomosis was seen traversing the anastomotic junction (Figure 1A). The suture was snapped with a diathermy biopsy forceps and a mid-segment excised (Figure 1B). Her symptoms resolved following the procedure.

With increasing number of people with morbid obesity undergoing bariatric surgery worldwide, clinicians may encounter a variety of complications secondary to these procedures. Upper abdominal pain is one of the most common complaints reported by patients and endoscopy is frequently performed in such patients.¹ The common endoscopic abnormal findings in patients who have undergone Roux-en-Y gastric bypass include marginal ulceration, gastrogastic fistula and jejunal erosion. However, as this case demonstrates, sutures eroding into the gastric pouch or anastomotic junction can

lead to symptoms in patients. One study reported that 10% of patients who had undergone Roux-en-Y gastric bypass surgery had silk suture erosion visible on endoscopy.² Symptoms included upper abdominal pain, nausea, vomiting and dysphagia. Symptoms resolved completely in 69% of therapeutic endoscopic interventions and improved in a further 14%. Another study similarly reported that 71% of post Roux-en-Y gastric bypass patients who underwent endoscopic removal of exposed sutures or staples experienced immediate symptomatic improvement.³

Old suture materials seen on upper gastrointestinal endoscopy in people who have undergone bariatric surgery may be a normal postoperative finding. However, they may be the cause of symptoms in patients with upper gastrointestinal complaints. Our report illustrates that non-absorbable suture material and staples used in bariatric surgery can erode into the gastric pouch and cause upper gastrointestinal complaints that can be resolved with a therapeutic endoscopy.

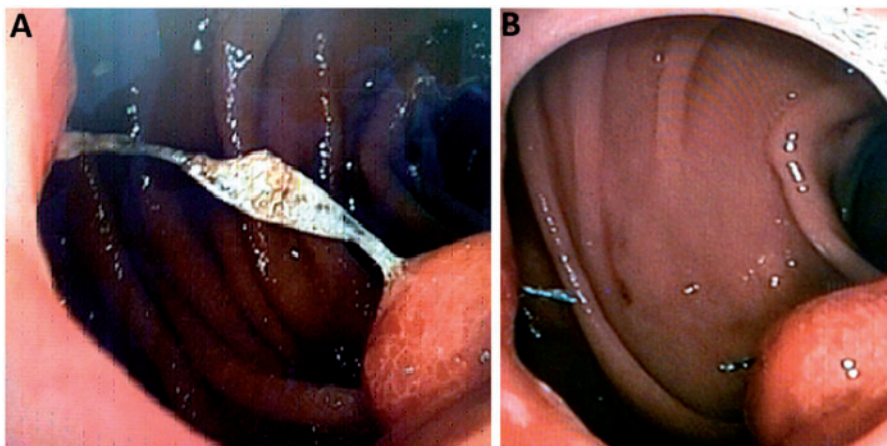


Figure 1. (A) Eroded prolene suture traversing the anastomotic junction. (B) The mid-segment of the suture was snapped and removed with a diathermy forceps.

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