

Successful management of gastric perforation due to laparoscopic greater curvature plication with percutaneous endoscopic gastrostomy with jejunal extension and fibrin sealant.

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Abstract:

Gastric leak, caused by staple line disruption or gastric perforation, is one of the most dreaded complications following bariatric surgery. The reported incidence of leakage varies depending on type of surgery, from 2.05% to 5.20% for Roux-en-Y gastric bypass, 5.1% in sleeve gastrectomy, and 1.4% in gastric plication. Minimally invasive management is currently recommended to minimise morbidity. The case is presented of a patient who suffered a gastric perforation following a laparoscopic greater curvature plication, with successful endoscopic management.

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