

Acute perforated duodenal ulcer after laparoscopic gastric bypass

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The Roux-en-Y gastric bypass (RYGB) is the most used surgical technique for the treatment of morbid obesity with mortality well established 0,22%. The laparoscopic approach is safe to perform the RYGB.

Case Report: Male, 28 years old, 178kg, 186cm height, 51.45 BMI and no comorbidities. Laparoscopic RYGB performed, without complications, abdominal drainage tube placed by counter-opening, over the gastroenteroanastomosis. At 4th day post operative (PO) it was presented a low output fistula, started total parenteral nutrition. 15th PO day patient had a voluntary ingestion of large amount of water. 17th PO night sweats, marked leukocytosis with a left shift. 18th PO performed CT scan abdomen showing peri-hepatic fluid, during exploratory laparotomy, noted the presence of perforated duodenal ulcer of 2.5 cm diameter anterior wall of the 1st portion of the duodenum. At 19th PO ICU, focus abdominal septic shock and death.

Peptic ulcer in the excluded segment after RYGB has been reported in 17 cases in the literature, all in open techniques. The incidence of duodenal ulcer, up to 19 years after RYGB is approximately 0.25%. The time between RYGB and ulcer perforation ranged from 20 days to 12 years. Six patients were previously reported in the literature with 33% mortality. There is one case of acute perforated duodenal ulcer after RYGB open, with 3 weeks postoperatively.

So far has not been demonstrated another similar case reported in the literature, setting this as the first case report of Perforated Duodenal Ulcer after Laparoscopic Gastric Bypass.

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