Perforation or development of a fistula in the gastrointestinal tract is a serious complication. A gastrocutaneous fistula after sleeve gastrectomy is difficult to treat, with a mortality rate of 85% following unsuccessful treatment [1]. These fistulas have been successfully managed with endoscopic fibrin sealing [2]. Preliminary experience with the over-the-scope clipping system (Ovesco, Tubingen, Germany) has shown the efficacy of this intervention in the management of severe bleeding and perforations of the gastrointestinal tract [3–5].

This is the first report of the use of an over-the-scope clipping for the management of a gastric fistula. A 43-year-old woman underwent sleeve gastrectomy for morbid obesity. After 1 week, a fistula developed at the proximal end of the suture, 2 cm distal to the esophagogastric junction. A nasogastric drain and an ultrasound-guided external drain were inserted. Endoscopy showed a 7-mm orifice (Fig. 1). Fig. 2 shows the extravasation of contrast medium, confirming the presence of a fistula. Two attempts to seal the fistula with hemoclips failed. Placement of a large, colorectal expandable covered stent (Taewoong, Korea) was also attempted. The patient could not eat and complained of severe epigastric pain. The stent was removed 3 weeks later. Surgery was carried out, but the fistula reappeared 1 week later and a gastrocutaneous fistula was diagnosed.

The over-the-scope clipping system was used to overcome the limitations presented by the available hemoclips. The over-the-scope clip is delivered by means of an applicator cap placed on the tip of the endoscope. A catheter with a retractable anchor was introduced through the fistula and the grasped tissue firmly pulled inside the cap (Fig. 3 and 4).

The clip was then released and the fistula successfully closed. The patient was allowed to eat her usual diet 24 hours later after post-treatment evaluation. She was then discharged. The endoscopic and radiologic controls performed after 1 and 2 weeks confirmed sealing of the fistula (Fig. 5).

**Endoscopy_UCTN_Code** TTT_1AO_2AI

M. Conio1, S. Blanchi1, A. Repici2, R. Bastardini1, G. M. Marinari1

1 Department of Gastroenterology, General Hospital, Sanremo, Italy
2 Digestive Endoscopy Unit, IRCCS Istituto Clinico Humanitas, Milan, Italy
3 Department of Surgery, Unit of Obesity Surgery, AOU S. Martino Hospital, Genova, Italy
References


Bibliography

Endoscopy 2010; 42: E71 – E72
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author

M. Conio, MD
Department of Gastroenterology
C.so Garibaldi 187, 3
Sanremo
Italy
Fax: +39-184-536875
mxconio@tin.it