Duodenal stump fistula following Roux-en-Y gastrectomy, treated with single-balloon enteroscopy using the tulip bundle technique and fibrin glue injection

In January 2012, a 68-year-old woman underwent laparoscopic partial gastrectomy at our institute, with Roux-en-Y reconstruction for an ulcerated gastrointestinal stromal tumor. The postoperative course was complicated by development of a duodenal stump fistula and submucosal tumor. The postoperative cholangiography showed a duodenal stump fistula black arrow in a 68-year-old woman who underwent laparoscopic partial gastrectomy with Roux-en-Y reconstruction for an ulcerated gastrointestinal stromal tumor.

In conclusion, we believe that in the case of a life-threatening complication in the small intestine which is difficult to access, single-balloon enteroscopy may be a viable alternative to surgical intervention.

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Competing interests: None

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References


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**Fig. 3** Endoscopic views: **a–c** Application of the tulip bundle technique and **d** after fibrin glue injection. **e,f** Radiological views at the end of the procedure, before and after contrast dye injection.

**Fig. 4** Percutaneous cholangiography showing complete closure of the fistula.

**Bibliography**
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