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 patient was referred to our institute, where another laparoscopic operation was conducted to establish duodenostomy and perform gastrojejunostomy for an ulcerated gastric ulcer bleeding treated with new endoloop/clips technique. Dig Endosc 2011; 23 (Suppl. 02): 203–204


The patient underwent laparoscopic partial gastrectomy and construction for an ulcerated gastrointestinal stromal tumor. The postoperative course was complicated by development of a duodenal stump fistula and submucosal tumor. There was a large, 2-cm orifice surrounded by hyperemic mucosa at the duodenal stump (Fig. 1). To apply the tulip bundle technique [1,2], eight Resolution Clips (Boston Scientific, Natick, Massachusetts, USA) were placed circumferentially along the periphery of the fistula, and two Endoloops (Olympus America) were placed over the endoclips, near the base, to fully close the fistula (Fig. 3a–c). We then injected 4 mL of fibrin glue (Beriplast-P Combi-Set; CSL Behring, Marburg, Germany) into the submucosa to ensure complete sealing of the fistula (Fig. 3d–f). Definitive fistula closure was clinically and radiologically observed at the 2 months' follow-up (Fig. 4).

Duodenal stump fistula after gastrectomy is a potentially devastating complication, with high morbidity, long period of hospitalization, and an overall mortality rate of about 20% (due to sepsis and multiple organ failure) [3]. Treatment with PTBD and an occlusion balloon in the biliary tree has been described [4,5]. This report describes a new endoscopic treatment for a refractory duodenal stump fistula and illustrates the feasibility and usefulness of interventional single-balloon enteroscopy. 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.

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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