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 (black arrow) 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.

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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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