

## Gastric balloon causing small bowel obstruction: treatment by double-balloon enteroscopy

A 32-year-old woman was referred to our emergency department because of abdominal pain and vomiting. She had received a gastric balloon in an outpatient clinic 5 years previously to treat obesity, but had not attended follow-up appointments. Emergency computed tomography showed a partially deflated gastric balloon (▶ Fig. 1, arrow) in the mid part of the jejunum with proximal dilatation of the small bowel loops consistent with ileus.

To remove the gastric balloon from the jejunum, the patient was offered peroral double-balloon enteroscopy under conscious sedation. The gastric balloon was found at an insertion depth of 180 cm (▶ Fig. 2a). To empty the methylene-blue-containing saline out of the gastric balloon, a standard injection needle was used to

perforate the silicone wall (▶ Fig. 2b). The deflated gastric balloon was folded up using a large polypectomy snare and was removed (▶ Fig. 2c). The symptoms resolved quickly and the patient was discharged the next day.

Insertion of gastric balloons is performed as a temporary measure for weight loss [1]. If a gastric balloon remains longer than scheduled, it may deflate spontaneously and cause obstruction by entering the bowel. Similar cases have been treated by surgery [2–5]. However, double-balloon enteroscopy seems a promising method to treat bowel obstruction caused by partially deflated gastric balloons.

Endoscopy\_UCTN\_Code\_CPL\_1AH\_2AK

Competing interests: None



**Fig. 1** CT scan of the abdomen of a 32-year-old woman showing dilated small-bowel loops and the partially deflated gastric balloon (arrow).



**Fig. 2** a–c Removal of the gastric balloon by double-balloon enteroscopy: **a** gastric balloon in the mid part of the jejunum accompanied by superficial ulcerations; **b** perforation of the silicone wall with an injection needle; **c** removal of the gastric balloon with a polypectomy snare.

**U. Halm, M. Grothoff, R. Lamberts**

Park-Krankenhaus Leipzig, Klinik für Innere Medizin II, Leipzig, Germany

**References**

- 1 *Dumonceau JM*. Evidence-based review of the Bioenterics intragastric balloon for weight loss. *Obes Surg* 2008; 18: 1611–1617
- 2 *Kim WY, Kirkpatrick UJ, Moody AP* et al. Large bowel impaction by the BioEnterics intragastric balloon (BIB) necessitating surgical intervention. *Ann R Coll Surg Engl* 2000; 82: 202–204
- 3 *Henninger C, Kramer M, Horger M* et al. Ileus of uncommon cause – important and weighty facts. *Dtsch Med Wochenschr* 2009; 134: 2640
- 4 *Hegade VS, Sood R, Douds AC*. Small bowel obstruction induced by spontaneous partial deflation of an intragastric balloon. *Ann R Coll Surg Engl* 2012; 94: e171–e173
- 5 *Moszkowicz D, Lefevre JH*. Deflated intragastric balloon-induced small bowel obstruction. *Clin Res Hepatol Gastroenterol* 2012; 36: e17–e19

**Bibliography**

**DOI** <http://dx.doi.org/10.1055/s-0032-1326265>  
*Endoscopy* 2013; 45: E78–E79  
© Georg Thieme Verlag KG  
Stuttgart · New York  
ISSN 0013-726X

**Corresponding author****U. Halm, MD**

Park-Krankenhaus Leipzig  
Strümpellstr. 41  
04289 Leipzig  
Germany  
Fax: +49-341-8642264  
[ulrich.halm@parkkrankenhaus-leipzig.de](mailto:ulrich.halm@parkkrankenhaus-leipzig.de)