IR Snapshot

Gastropleural Fistula Post Sleeve Gastrectomy Treated by Gastric Stent under Fluoroscopy Guidance

Gastropleural fistula (GPF) is a rare, yet serious pathological communication between the stomach and pleural cavity. Here, we report a case of GPF as a complication of bariatric sleeve gastrectomy treated with a covered stent.



Figure 1: Fluoroscopic image showing contrast leakage from the stomach into the left pleural cavity



Figure 2: Fluoroscopic image poststent deployment demonstrating full coverage of the leaking site

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Under general anesthesia and via transoral approach, esophagography confirmed the presence of left GPF [Figure 1]. A dedicated gastric self-expandable covered stent Niti-STM (Taewoong Medical, Gyeonggi-Do, South Korea) was deployed to isolate the fistula [Figure 2]. The stent was removed 6 weeks later and esophagography showed no leakage [Figure 3].



Figure 3: Follow-up esophagography poststent removal showed the absence of the fistulous tract

Management of GPF often requires surgical interventions such as *en bloc* resection of the fistula, subtotal gastrectomy, and Roux-en-Y esophagojejunostomy reconstruction. This case shows successful healing of GPF using a covered stent after 6 weeks of dwell time.

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Conflicts of interest

There are no conflicts of interest.

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