Intragastric Penetration of the Connecting Tube After Laparoscopic Adjustable Gastric Banding

Penetração Intra-Gástrica do Tubo Conector de Banda Gástrica Colocada por Via Laparoscópica

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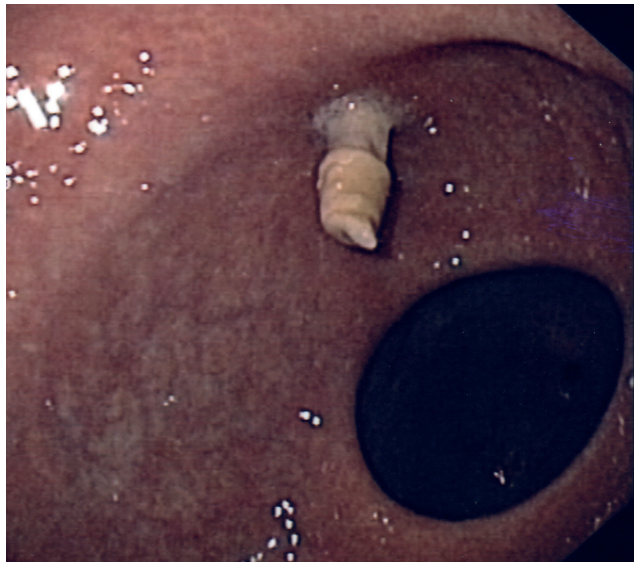

Figure 1 - Esophagogastroduodenoscopy

A 37-years-old woman with obesity grade II, hypertension and dyslipidemia was submitted to laparoscopic adjustable gastric banding (LAGB) in 2009. In 2013, because of a port site infection, the port was removed. Three months later she went to the emergency department for epigastric pain and vomiting. The abdominal computed tomography scan showed gastric distention with liquid/air and the esophagogastroduodenoscopy gastric band and connecting tube migration (Fig. 1).

Figure 2 - Gastric band and connecting tube

Long-term complications resulted in a decrease of LAGB popularity. Migration of the gastric band occurs in up to 11%.[1] To the best of our knowledge this is the first case of connecting tube migration into the gastric antrum. We achieved endoscopic removal of the band and connecting tube without complications (Fig. 2). There is only one report of connecting tube migration to the gastric fundus and was managed surgically.[2]

The endoscopic removal of migrated gastric bands is a feasible (85% success rate), low complications (5.8%: mainly symptomatic pneumoperitoneum) procedure.[3]

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