

Laparoscopic adjustable gastric banding causing upper gastrointestinal bleeding five years after its placement

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A 44-year-old man was admitted to our hospital because of melena with a hemoglobin of 4.3 g/dL. He denied use of aspirin, non steroidal anti-inflammatory drugs or any other medication and his medical history was unremarkable. However, he had been subjected to a laparoscopic adjustable gastric banding (LAGB) operation in 2007 for the treatment of morbid obesity.

During the emergency esophagogastroduodenoscopy, a foreign body eroding the stomach wall was noted. The foreign body was white-yellow in appearance and was seen eroding the lesser curvature of the cardiac area (Fig. 1A). Adjacent to it, a large ulcer was also noted, while fresh blood and a large blood clot at the gastric body were seen (Fig. 1B). The patient was operated the following day and the gastric banding placed on the patient 5 years ago was seen eroding the stomach. The gastric banding was removed and the patient had an uneventful recovery.

LAGB is currently the most common bariatric surgical procedure for the treatment of morbid obesity, because it is adjustable, minimally invasive and easily reversible, while it does not cause metabolic side effects [1]. Band erosion is a rather uncommon complication of LAGB, with an incidence of 1% [2]. A high index of suspicion is required for diagnosis, as most patients are asymptomatic. When symptomatic, complaints include loss of restriction, nonspecific epigastric pain and gastrointestinal bleeding. The diagnosis is often made at the time of gastroscopy and the recommended treatment is complete removal of the eroded gastric band.

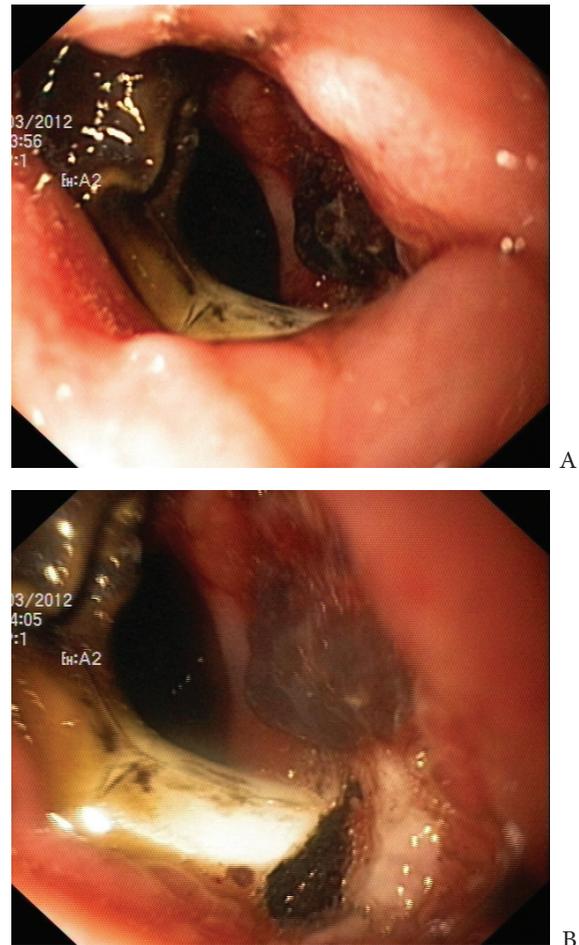


Figure 1 Foreign body eroding the gastric wall (A) with adjacent ulceration (B)

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Conflict of Interest: None

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Received: 21 June 2012; accepted 22 June 2012

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