

A reminder to check for oesophageal dilatation after laparoscopic gastric band surgery

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Abstract

In this case report, the physical and functional impact of a tight gastric band is demonstrated. We present a 67-year-old female with a laparoscopic gastric band (LAGB) inserted 12 years previously for a body mass index (BMI) of 62.2kg/m2. Due to loss of follow-up, this patient presented to the emergency department with chest pain secondary to an overly tight gastric band. Figure 1a/b demonstrates the concerning computer tomography (CT) image of a continuous food bolus proximal to the LAGB and pass the gastroesophageal junction into the oesophagus. Consistent exposure of the distal oesophagus to gastric contents can result in an oesophagitis metaplasia dysplasia carcinoma sequence. Figure 2 is a gastrograffin follow-through study demonstrating the unobstructed passage of gastrograffin contrast pass the LAGB after 5ml of saline was removed from the band. Clinically, after deflation of the LAGB the patient's chest pain had resolved and she was able to tolerate solid food. The picture of a continuous food bolus into the oesophagus is a rare radiological image that highlights the importance for clinicians to have routine follow-up for patients with a LAGB.

Figure Legends: Figure 1: A Computer Tomography (CT) Pulmonary angiogram. A) There is a dilatation of the oesophagus up to 42mm with a continuous food bolus B) The tight LAGB is visualised with a food bolus in the proximal gastric pouch.

Figure 2:Gastrograffin follow-through study (GFTS): There was rapid unobstructed passage of gastrograffin contrast pass the LAGB.



Biography

Kenneth Lam completed his Bachelor of Medicine and Bachelor of Surgery (MBBS) in 2016 from Bond University, QLD, Australia. He then completed as Master of Surgery in 2020 from the University of Sydney, NSW, Australia. He is currently a General Surgery registrar at Monash Medical Centre, Victoria, Australia. He has published more than 10 papers in reputed journals.



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