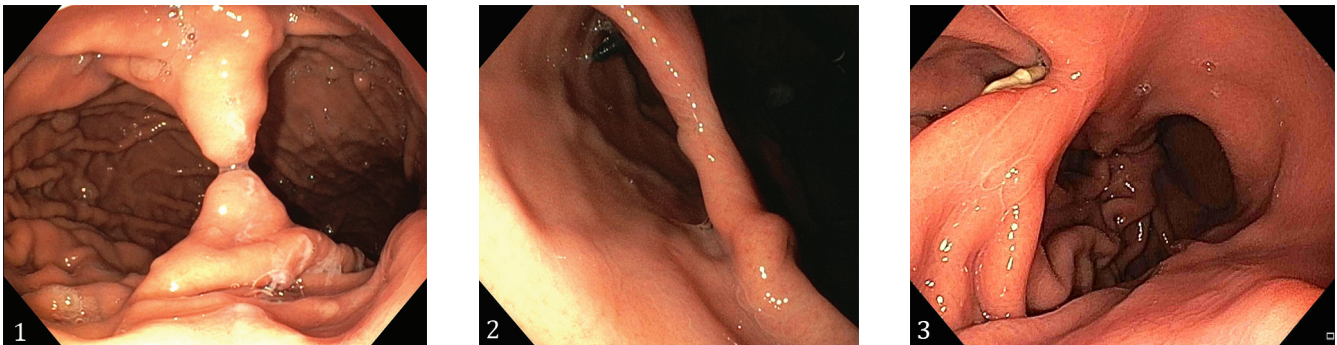


Stalactites and Stalagmites in the Stomach after Endoscopic Sleeve Gastroplasty

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A 48-year-old female patient presented to the emergency department complaining that something tremendous had happened to her stomach. As evidence, she showed a report with photographs of an upper endoscopy that she had done the same morning in another hospital for epigastric pain. The physician who examined described “stalactites and stalagmites-like” gastric formations, while the family doctor depicted this as a hazardous condition. The patient was so frightened that she forgot to state that in November 2018, she had had an endoscopic sleeve gastroplasty (ESG) for class II obesity [body mass index (BMI) 37 kg/m²]. Her current BMI was 23 kg/m². Mucosal bridges in the stomach were just below the gastric cardia (Fig. 1), in front of the gastric antrum seen in a retroflexed view (Fig. 2) and along the greater gastric curvature in a forward view (Fig. 3).

“Stalactite and stalagmite-like” formations or mucosal bridges in the stomach are a normal consequence of ESG, an endoscopic procedure for the treatment of obesity and related diseases. It is a restrictive transoral procedure aimed at reducing gastric volume and modifying gastric motility by placing full-thickness sutures through the wall of the gastric body [1]. Since its first description in 2013 [1], ESG has gained more and more popularity between patients and physicians due to its very low rate of adverse events and effectiveness in weight loss and comorbidities improvement, being a therapeutic chance even in obese patients with excessive risk for bariatric surgery [2-5]. As such, the number of patients undergoing ESG is steadily growing. No data on the incidence of mucosal bridges in the stomach after ESG are available, but it is expected that “stalactite and stalagmite-like” formations will be seen more and more with the rapid diffusion of ESG as a minimally invasive approach against obesity. These appearances of the stomach are completely benign and do not preclude further endoscopic or surgical interventions. Endoscopists should become used to

these findings. Furthermore, it is essential to properly inform both patients and family physicians regarding the anatomical gastric changes after ESG to avoid unnecessary panic.

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