

## Over-the-wire lumen-apposing metal stent for the management of a chronic fistula after one-anastomosis gastric bypass



Gastro-gastric fistulas are uncommon complications of bariatric bypass surgery, but their management can be challenging [1–3]. We report a case of chronic gastro-gastric fistula after one-anastomosis gastric bypass (OAGB) treated with a lumen-apposing metal stent (LAMS), with the aim of presenting a viable treatment solution to the initial problem.

A 52-year-old woman presented with a chronic fistula after OAGB. The index procedure had been performed in another hospital and had been complicated by sepsis and pouch staple line leakage. The patient underwent surgical drainage, while the endoscopic examination showed an 8-mm orifice. An esophago-gastric self-expandable metal stent had been placed, which migrated distally on day 10 and was then removed. Surprisingly, no further attempts were made to close the fistula.

A few months after surgery, the patient presented to our care; she was on parenteral nutrition and still had surgical drains in place. An abdominal computed tomography (CT) scan with Gastrografin and an upper gastrointestinal endoscopy showed a chronic fistula, with leakage into the peritoneal cavity between the gastric pouch and the remnant. As a result, a lumen-apposing metal stent (LAMS; 15 × 10-mm Hot-Axios; Boston Scientific, Massachusetts, USA) was placed between the gastric pouch and gastric remnant to close the leakage (► Video 1). No complications occurred. A follow-up CT scan and a gastric transit with Gastrografin showed complete closure of the leakage and rechanneling of the two structures. The patient was commenced on oral food intake and was discharged the day after the procedure. The LAMS was removed after 1 month.

At the 1-year follow-up, an endoscopic evaluation was performed, which revealed the persistence of the gastro-gastric fistula, with no evidence of leakage. The patient's weight remained stable,

and it was decided that suturing of the gastro-gastric fistula was unnecessary, as it was no longer clinically relevant. The patient remains in excellent condition, with her weight stable 2 years after the procedure.

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### Conflict of Interest

I. Boškosi is a consultant for Apollo Endosurgery, Boston Scientific, Nitinotes, Pentax, Cook Medical, Microtech, ERBE, Siemens, Myka labs, and Endo Tools Therapeutics S.A., gives sponsored lectures for Apollo Endosurgery, Boston Scientific, Cook Medical, and Microtech, is the recipient of research grants from Apollo Endosurgery, Endo Tool Therapeutics, and ERBE, and is on the scientific advisory boards of Nitinotes and Myka labs. C. Spada is a consultant for Medtronic and AnX Robotics, and has received speaker's fees from Olympus and Pentax. V. Bove, M. De Siena, L. Gualtieri, V. Pontecorvi, and M. M. Valeria declare that they have no conflict of interest.

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► **Video 1** An over-the-wire lumen-apposing metal stent is placed for the management of a chronic fistula after one-anastomosis gastric bypass.

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