

Clinical Image

A Spiral Stomach after Vertical Sleeve Gastrectomy

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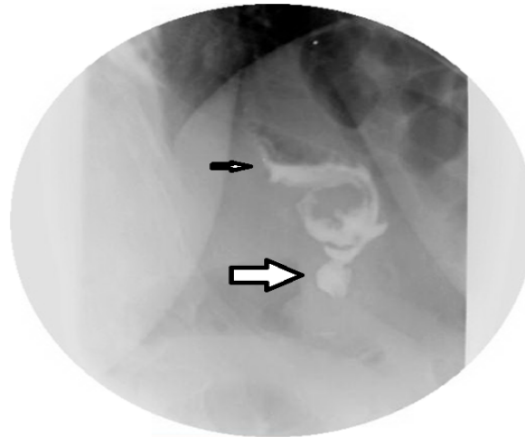


Figure 1: Spiral stomach identified by a barium gastrogram.

Clinical Image

A patient presented with dysphagia and vomiting after undergoing a vertical sleeve gastrectomy, which was performed for surgical treatment of medically-complicated obesity. A barium gastrogram outlined a small, remaining proximal stomach (indicated by a small black arrow in Figure 1) connected to the gastric antrum (indicated by a large white arrow in Figure 1) by a spiral of gastric sleeve. At upper endoscopy, a guide wire was passed under fluoroscopic guidance through the gastric sleeve and into the antrum. A Boston Scientific controlled radial expansion (CRE) single use esophageal balloon dilator was passed over the guide wire under fluoroscopic guidance, and segmental balloon dilation of the gastric sleeve was then performed. After dilation of the gastric sleeve, the patient noted minimal residual dysphagia when eating solid foods and a repeat barium gastrogram revealed a straight gastric sleeve.

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