



## AB025. PP-4 Cases gastric stenosis after laparoscopic sleeve gastrectomy

Levent Uğurlu, Tayfun Kaya, Semra Salimoğlu, Cengiz Aydın

Department of General Surgery, SBÜ Tepecik Education and Research Hospital, Istanbul, Turkey

Correspondence to: Cengiz Aydın. Department of General Surgery, SBÜ Tepecik Education and Research Hospital, Istanbul, Turkey.  
Email: caydin2@yahoo.com.

**Background:** Laparoscopic sleeve gastrectomy (LSG) is one of the most popular bariatric surgical techniques. Symptomatic gastric stenosis is an increasingly described complication after LSG. Complications of nausea, vomiting, epigastric pain and reflux are the complaints in this complication which is seen in 0.7–4% of the patients after LSG. The aim of this study was to describe the cases of GC in patients with morbid obesity who underwent LSG and to demonstrate the success of endoscopic dilatation in treatment.

**Methods:** Patients with LSG who developed symptomatic gastric stenosis between April 2013 and July 2019 were included in the study. These patients underwent upper gastrointestinal endoscopy and therapeutic balloon dilatation.

**Results:** A total of 301 patients underwent LSG. Nine patients developed districtomatic gastric stenosis. Balloon dilatation was successful in six patients, while balloon dilatation was required in three patients. All of our patients were successful as a result of these procedures and no other interventional procedure was required.

**Conclusions:** Gastric stenosis is one of the common

complications after LSG, and endoscopic and endoscopic balloon dilatation is an effective and reliable method in the diagnosis and treatment of this complication.

**Keywords:** Laparoscopic sleeve gastrectomy (LSG); gastric stenosis; endoscopic balloon dilatation

*Provenance and Peer Review:* This abstract is included in “Abstracts from the 3rd Turkish National Congress on Bariatric and Metabolic Surgery, 21st-24th November 2019, Antalya-Turkey”, which is commissioned by the Guest Editor (Mehmet Mahir Özmen) for the series “Bariatric and Metabolic Surgery” published in *Annals of Laparoscopic and Endoscopic Surgery*. This abstract did not undergo external peer review.

*Conflicts of Interest:* The authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/ales-2019-bms-36>). The series “Bariatric and Metabolic Surgery” was commissioned by the editorial office without any funding or sponsorship. The authors have no other conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/ales-2019-bms-36

**Cite this abstract as:** Uğurlu L, Kaya T, Salimoğlu S, Aydın C. Cases gastric stenosis after laparoscopic sleeve gastrectomy. *Ann Laparosc Endosc Surg* 2020;5:AB025.