

Gastropleural Fistula Post Sleeve Gastrectomy Treated by Gastric Stent under Fluoroscopy Guidance

Gastropleural fistula (GPF) is a rare, yet serious pathological communication between the stomach and pleural cavity. Here, we report a case of GPF as a complication of bariatric sleeve gastrectomy treated with a covered stent.

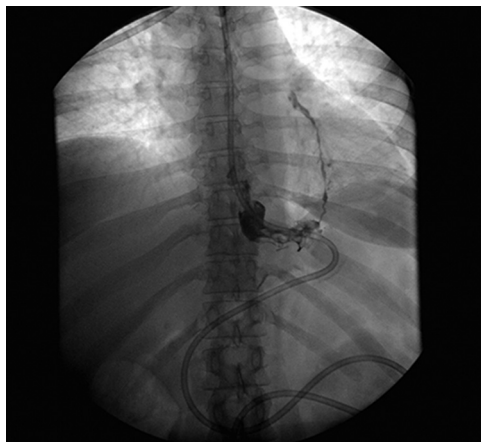


Figure 1: Fluoroscopic image showing contrast leakage from the stomach into the left pleural cavity

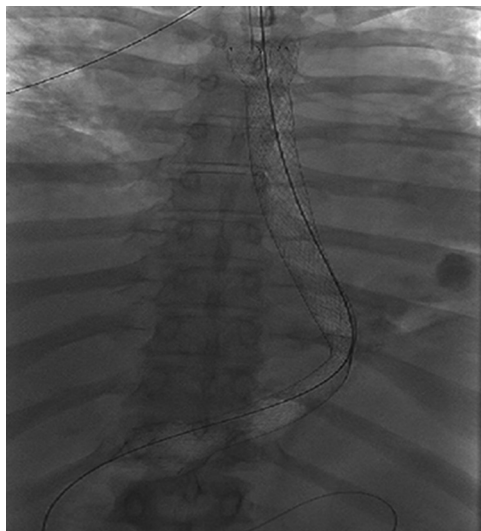


Figure 2: Fluoroscopic image poststent deployment demonstrating full coverage of the leaking site

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A 40-year-old female presented 1 month following laparoscopic sleeve gastrectomy with fever, abdominal pain, and chronic nonspecific respiratory symptoms, including cough and shortness of breath.

Under general anesthesia and via transoral approach, esophagography confirmed the presence of left GPF [Figure 1]. A dedicated gastric self-expandable covered stent Niti-S™ (Taewoong Medical, Gyeonggi-Do, South Korea) was deployed to isolate the fistula [Figure 2]. The stent was removed 6 weeks later and esophagography showed no leakage [Figure 3].

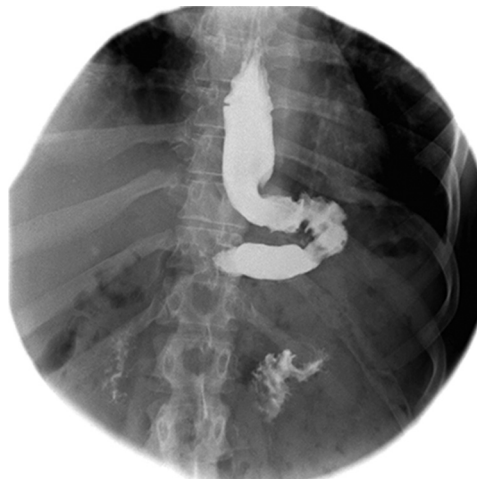


Figure 3: Follow-up esophagography poststent removal showed the absence of the fistulous tract

Management of GPF often requires surgical interventions such as *en bloc* resection of the fistula, subtotal gastrectomy, and Roux-en-Y esophagojejunostomy reconstruction. This case shows successful healing of GPF using a covered stent after 6 weeks of dwell time.

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Conflicts of interest

There are no conflicts of interest.

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