

## **PS2.236**

### **A clinical case of late complication of gastric band**

*P Pereira, Néilson Rodrigues*

*USF Arquis Nova, ULSAM, Viana do Castelo, Portugal*

*Corresponding author: Dr Pedro Pereira, ULSAM, USF Arquis Nova, Viana do Castelo, Portugal. E-mail: pedrop@campus.ul.pt*

**Background and Aim:** Gastric band is an effective method in weight loss. Improves comorbidities related to obesity, survival and quality of life of obese patients. Its characteristics are: low morbidity and mortality, reversibility and absence of physiological changes on digestive tract.

The aim of this presentation is to alert to complications of bariatric surgery (namely gastric band) that may arise to Family Doctors.

Case Description: 50 year old woman, single, assistant in kindergarten, obese (grade 2). In 2007 was submitted to placement of gastric band. Kept gaining weight, and pressure of the band has been adjusted several times. Since 2013 several consultations by episodes of epigastric pain, nausea and vomiting. Episodes interpreted as acute gastroenteritis due to epidemiological context (work in kindergarten). In December 2015 maintained a BMI of 45 kg/m<sup>2</sup>. Because of persistent epigastric pain was submitted to upper endoscopy, which was observed intragastric migration of the band. Currently is waiting surgery to remove the band and performing bypass.

**Discussion:** The probability of gastric band complications increases with time, about 3 to 4% each year after surgery. Intragastric migration is rare (0.6-10%) and may be early or late. It is often late (starting from 30-86 months) and consists in the erosion of the band through the gastric wall by a process of destruction and regeneration, with minimal infectious process. The main etiological factor is the pressure applied to stomach wall, which causes ischemia and local necrosis. The pressure may be external (excessively inflated band) or internal (excessive food intake).

**Conclusion:** The intragastric migration of the band can present by episodes compatible with repeated acute gastroenteritis. The review of the personal history of the patient, including the possible complications of procedures they have undergone, are important in the diagnostic evaluation.