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Roux-en-Y gastric bypass and removal of the gastric remnant in an obese patient with Barret's esophagus and gastric polyposis

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Abstract

GERD and Barrett's esophagus are indications for anti-reflux surgery, and in the case of patients with morbid obesity, gastric bypass as a bariatric technique. On the other hand, gastric polyposis is a benign disease but has a risk of malignancy, requiring gastrectomy in some cases. Robotic surgery is currently gaining ground in bariatric surgery and esophagogastric surgery. We present the clinical case of a combined Roux-en-Y gastric bypass surgery and removal of the remaining stomach in a patient with morbid obesity, Barrett's esophagus and multiple gastric polyposis enhanced by a fully robotic approach.

Keywords:

- Barrett's esophagus
- Gastric polyposis
- Morbid obesity
- Bariatric surgery
- Robotic approach

Aim

GERD and Barrett's esophagus are indications for anti-reflux surgery, and in the case of patients with morbid obesity, gastric bypass as a bariatric technique. On the other hand, gastric polyposis is a benign disease but has a risk of malignancy, requiring gastrectomy in some cases. Robotic surgery is currently gaining ground in bariatric surgery and esophagogastric surgery. We present the clinical case of a combined Roux-en-Y gastric bypass surgery and removal of the remaining stomach in a patient with morbid obesity, Barrett's esophagus and multiple gastric polyposis enhanced by a fully robotic approach.

Material and method

50-year-old woman with a personal history of: Obesity, (Weight 104,500 Kg. Height: 160 cm. BMI:
40.82 Kg/cm9, hiatal hernia and GERD., and Bronchial asthma.
Current history: Referred for evaluation of antireflux surgery due to Barrett's esophagus diagnosed 2 years earlier (2020). Bariatric surgery and gastric bypass are proposed. Bariatric surgery protocol is carried out and after performing a new EDA, gastric polyposis is identified and the presence of Barrett's esophagus is confirmed.
Given the new findings, it was decided to perform Roux-en-Y gastric bypass (60cm biliopancreatic loop, 120cm alimentary loop) and gastrectomy of the gastric remnant.

Results

OPERATING TIME: 195 min (Doking 15 min, Console surgery 170 min, Desdoking 5 min. Closing incisions 5 min).
POSTOPERATIVE: URP stay 2 hours and a half, tolerance begins the afternoon of surgery. Hospital discharge on the 2nd postoperative day, 36 hours after surgery.
HISTOLOGY STOMACH REMOVED Gastric polyposis with polyps in body and antrum sheaths up to a number of 22 polyps. Minimum size 0.2 mm- maximum 0.9mm
REVIEW A MONTH AFTER SURGERY: Adequate oral tolerance. Weight loss of 10 kg without reflux symptoms.

Conclusions

GERD and especially associated with Barrett's esophagus is an indication for antireflux surgery and in the case of morbid obesity the indicated surgery is the
Gastric bypass.

The most common gastric polyps are hyperplastic, from the fundic gland, as in the case of our patient. Since in some cases, there is a risk of malignancy in the case of performing a bariatric procedure, the ideal would be to perform a vertical gastrectomy, CD or SADIS to have an endoscopic control of the repertoire of the stomach.

In the case of our patient, we believe that the proposed surgical option is the most appropriate since it corrects GERD and barret, obesity, and we have also removed the gastric remnant due to its potential risk of malignancy.

This surgery is feasible and safe by robotic approach and does not increase surgical time compared to laparoscopic surgery. Being the suture and closure of enterotomies much easier by providing maneuverability and excellent vision.

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