Conversion from gastric bypass to duodenal switch secondary to dumping syndrome. A case report.

Abstract

Dumping syndrome is a condition that can develop after bariatric surgery (gastric bypass) also called rapid gastric emptying, dumping syndrome occurs when food, especially sugar, moves from the stomach into the small bowel too quickly.

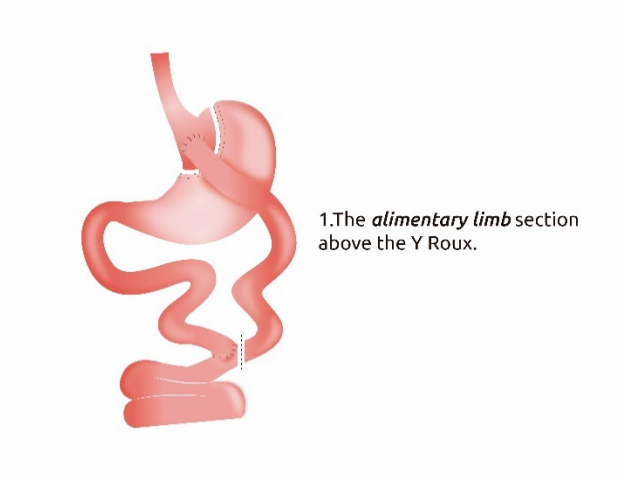
Most people with dumping syndrome develop signs and symptoms, such as abdominal cramps and diarrhea, 10 to 30 minutes after eating, also present tachycardia, diaphoresis, nausea, hypotension, lipotomy. Other people have symptoms one to three hours after eating, and still others have both early and late symptoms.

Generally this condition cans prevent by changing the diet after surgery. Changes might include eating smaller meals and limiting high-sugar foods. In more-serious cases of dumping syndrome, it may need medications or surgery.

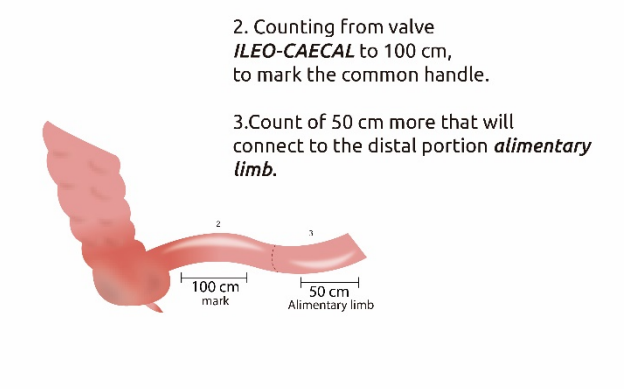
In this case was a women 46 years old, with a history of metabolic syndrome, who underwent bariatric surgery 1 year 3 months ago of gastric bypass, our patient begins with symptoms three months after the completion of his surgery, which is unknown the technique used, as well as findings during a surgical time, this because it was performed in other surgical group. Failed medical treatment and diet modification as well as present weight gain. Regarded as intractable dumping syndrome, for which she is considered as candidates for revision and surgical conversion.

Methods

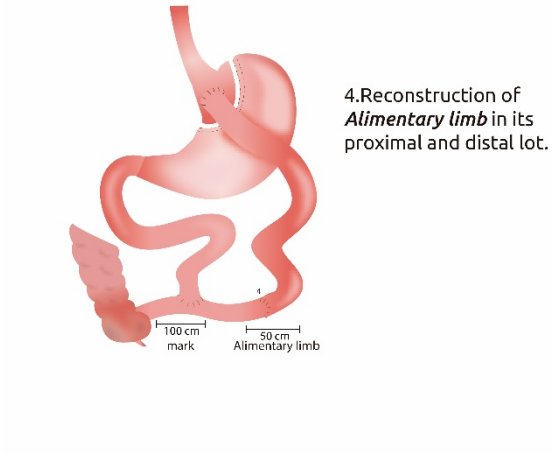
Before the surgical protocol, under general anesthesia and endotracheal intubation, trocar is placed at the level of the midline, 15 cm below the xiphoid appendix, and the rest of the trocars are placed with direct vision, adding a sixth in the middle clavicular line at the level of the left ileac crest.



Se realiza seccion de asa alimentaria e nivel de la Y de Roux. (Fig 1.)



Conteo desde la valvular ileo cecal a 100cm de la marca de asa común.



4.Reconstruction of ***Alimentary limb*** in its proximal and distal lot.

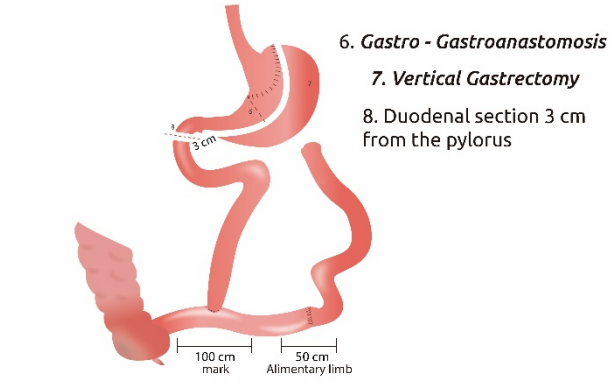
Conteo 50cm mas que se conectara en la porción distal del asa alimentaria.

Reconstruccion del asa alimentaria

Gastro gastro anastiomisis, gastrectomia vertical

Sección duodeno a tres cm de pyloro.

Anastomisis duodeno-ileo.

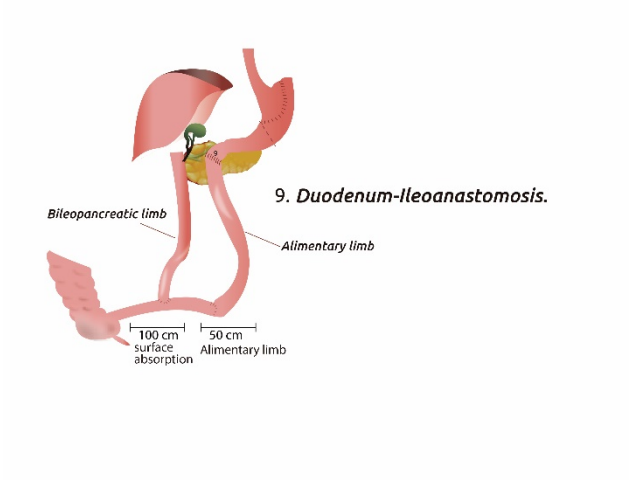


6. *Gastro - Gastroanastomosis*

7. Vertical Gastrectomy

8. Duodenal section 3 cm from the pylorus

Laparoscopic finding that left three meters of absorption surface, but debuting three months after surgery with dumping syndrome and weight gain. Laparoscopic revision procedure was performed with modified biliopancreatic divertion like to duodenal switch was performed to relieve her intractable condition.



9. ***Duodenum-Ileoanastomosis.***

Results

The procedure lasted 50 minutes without any intraoperative complication, the final intestinal absorption surface was 100cm, blood loss was 300 ml, the postoperative hospitalization stay was 2 days. To this day the patient is uncomplicated, metabolic syndrome is controlled, and BMI it´s in normal range.

Conclusions

In this case, the syndrome could not be medically treated and required surgical intervention, in which it was necessary to modify the gastric emptying by the pyloric restitution, together with the procedure, the intestinal absorption surface is reduced in order to correct the weight gain. Obtaining metabolic syndrome and weight gain control.

Keywords: Dumping syndrome. Intractable dumping syndrome. Modified biliopancreatic switch