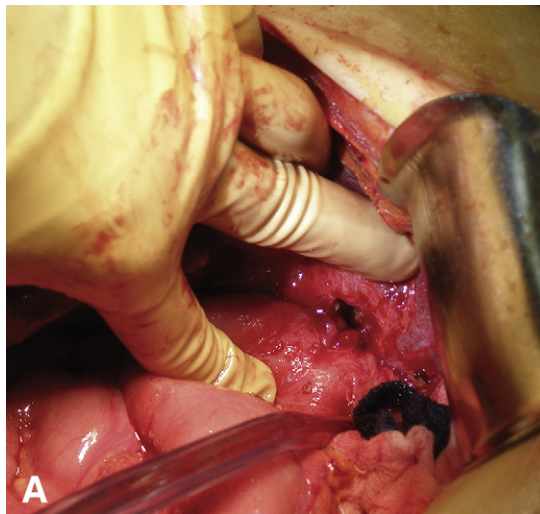


A gastric ulcer at the anastomosis site perforated into the liver 3 years after Roux-en-Y gastric bypass surgery



A 44-year-old woman underwent gastric bypass surgery in 2004. One year later, she began to complain of intermittent melena associated with nausea and right upper quadrant (RUQ) pain, which required 1 to 2 units of packed red blood cell transfusions per year. In July 2007, she presented to the emergency department with 2 episodes of bright red blood per rectum associated with syncope. Upper endoscopy was performed and revealed a large ulcer at the anastomosis site, with a visible bleeding vessel, which was cauterized. After recovery from the GI bleeding, the patient requested the reversal of her gastric bypass because of significant weight loss and complications of bleeding and nausea; she weighed 95 pounds at the time. Reversal of the gastric bypass surgery initially was scheduled to be done 4 weeks later as an outpatient procedure. Three weeks later, however, she again presented to the emergency department with hematemesis and melena. Physical examination revealed RUQ tenderness, without guarding or rebound

tenderness. Reversal of the gastric bypass was performed, and intraoperatively, after reversal, an ulcer was found perforating into the liver at the anastomosis site (A).

DISCLOSURE

The authors report that there are no disclosures relevant to this publication.

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doi:10.1016/j.gie.2008.02.089

Commentary

Penetration into the liver is a rare complication of ulcer disease; rare with gastric ulcer and even rarer with duodenal ulcer. Moreover, it is rarely diagnosed by radiologic or observational endoscopy, the diagnosis usually being made by the histologic finding of hepatic tissue on endoscopic biopsy. GI bleeding is the most frequent presentation, and abdominal pain is uncommon. Of note, liver biochemical tests are normal, just as serum levels of amylase and lipase usually are normal with ulcer penetration into the pancreas. Whether the penetration was facilitated by the surgery, which created adhesions that tacked the stomach to the liver, or by the cautery with resultant serosal damage and adhesion formation is only speculative. Unfortunately, the stomach does not have the same reparative potential as the liver, and even though both organs are important for normal digestion, this case teaches us that it is more important that ingestants see them sequentially and not at the same time.

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