



CIRUGÍA ESPAÑOLA

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Editorial

One-anastomosis gastric bypass after endoscopic gastric plication



Bypass gástrico de una anastomosis tras plicatura gástrica endoscópica

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A 36-year-old woman with a BMI of 47.5 kg/m² came to our consultation to be evaluated for bariatric surgery. Her personal history included endoscopic gastric plication performed 3 years earlier, which resulted in a weight loss of 5% (from 120 k to 114 k at the time of the procedure). Upper gastrointestinal endoscopy showed areas of edematous pearly mucosa with exposed sutures.

We proposed a one-anastomosis gastric bypass. In this technique, an elongated gastric pouch is first created, then up to 200 cm of the small intestine is bypassed from the angle of Treitz. Subsequently, a side-to-side anastomosis is completed between the gastric pouch and the jejunal loop, after which

the gastroenterotomy is closed and checked for leaks. The choice of this technique was based on the greater experience of our hospital versus other techniques.

During surgery, we initially observed significant gastric wall adhesions that coincided with the previous suture line. During the gastric division, edematous and friable areas were observed, with exposed non-absorbable sutures. The surgery was conducted without complications. The postoperative period was also uneventful, and the patient was discharged 48 h after surgery. During the first 6 postoperative months, the patient has presented no complications and currently has a BMI of 38.5 kg/m², with a current weight of 92.5 kg (19% TWL).

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<http://dx.doi.org/10.1016/j.cireng.2022.10.017>

2173-5077/© 2022 Published by Elsevier España, S.L.U. on behalf of AEC.