



Image of the month

Fistula associated to gastric prosthesis[☆]

Fístula asociada a prótesis gástrica

Elena Fernández-Elvira,^{*} Esther García Santos, Ángel Fernández-Camuñas, Aurora Gil Rendo

Servicio de Cirugía, Hospital General Universitario de Ciudad Real, Ciudad Real, Spain



Fig. 1

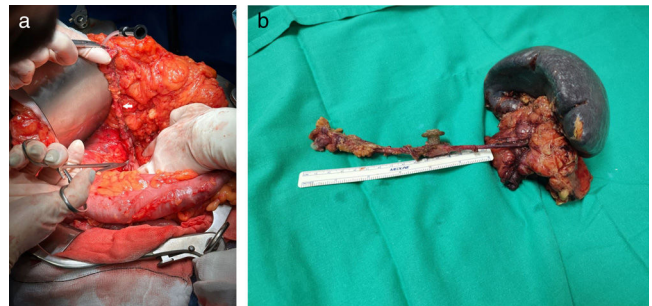


Fig. 2

A 51-year-old man with a history of decompressive surgery and endoscopic drainage with a transgastric metallic prosthesis on the posterior surface (Fig. 1, Red Arrow), due to encapsulated necrotizing pancreatitis. After 5 months and surgical drainage for abdominal abscesses, he was evaluated for fever and abdominal pain, and the CT revealed a collection in the abdominal wall (Fig. 1, asterisk) associated with a pancreatic fistulous tract (Fig. 1, white arrow). During scheduled surgery, a cutaneous-prosthetic-pancreatic fistulous tract was observed, guided by a nasogastric tube (Fig. 2a: White arrow). Distal spleno-pancreatectomy and prosthesis removal were performed (Fig. 2b), with satisfactory progress and discharge on the fourth postoperative day. A high index of suspicion is required to diagnose complications of endoscopic procedures.

The final diagnosis was enterocutaneous fistula associated with a transgastric prosthesis.

Funding

No funding was received for this publication.

Ethical considerations

The patient's informed consent was obtained.

Conflict of interests

The authors have no conflict of interests to declare.

[☆] Please cite this article as: Fernández-Elvira E, García Santos E, Fernández-Camuñas Á, Gil Rendo A. Fístula asociada a prótesis gástrica. Cir Esp. 2024. <https://doi.org/10.1016/j.ciresp.2024.05.005>

^{*} Corresponding author.

E-mail address: efelvira@sescam.jccm.es (E. Fernández-Elvira).

<http://dx.doi.org/10.1016/j.cireng.2024.05.007>

2173-5077/© 2024 Published by Elsevier España, S.L.U. on behalf of AEC.