



## Image of the month

## Biliopancreatic Limb Obstruction Due to Jejunio-jejunal Intussusception in a Patient With Previous Roux-en-Y Gastric Bypass<sup>☆</sup>



### Oclusión de asa biliopancreática por intususcepción yeyunal en paciente con *bypass* gástrico previo

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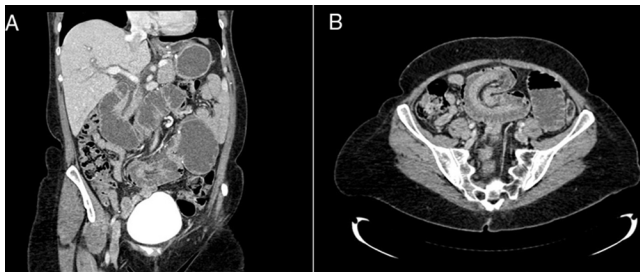


Fig. 1

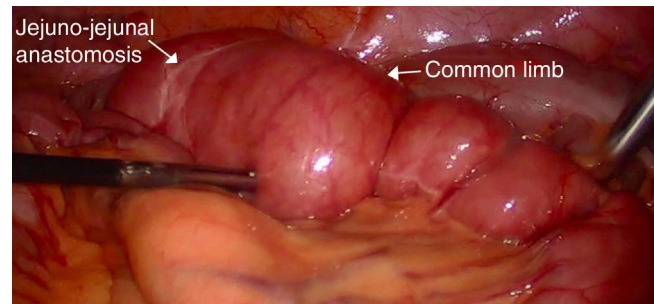


Fig. 2

51-year-old female patient with previous Roux-en-Y gastric bypass 10 years ago due to morbid obesity (adequate weight loss: BMI 44 kg/m<sup>2</sup>→27 kg/m<sup>2</sup>).

She was admitted at the emergency room for sudden abdominal pain and nausea without vomiting, At exploration she had stable hemodynamics, with distended and painful abdomen (epigastric region).

Blood test showed cholestasis and elevation of pancreatic enzymes. A CT-scan was performed identifying an occlusion due to retrograde invagination of jejuniojejunal anastomosis (Fig. 1A–C), associating dilatation of the biliopancreatic limb, the bile duct and the gastric remnant (Fig. 1A).

She underwent an exploratory laparoscopy (Fig. 2) with spontaneous resolution of the occlusion after starting pneumoperitoneum (Fig. 2). No signs of ischemia or internal hernias were found. Mesenteric defect were properly closed.

Uneventful postoperative course.

After a 3 year follow-up the patient remains asymptomatic.

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