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Summary

BEZOAR REMOVAL IN A CURIOUS CASE OF NATURAL GASTROGASTRIC FISTULA AFTER VERTICAL BANDED GASTROPLASTY

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Oesophagus

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A 59-year-old male with vertical banded gastroplasty performed in 2001 presented with years of vomiting, weight loss, and syncopal episodes due to complete bandage embedment, bezoar formation, and gastro-gastric fistula.

KEY POINTS

- Endoscopy under general anesthesia revealed complete obliteration at the bandage site with the gastric band fully embedded under normal mucosa, a bezoar obstructing the small gastric pouch, and a spontaneous gastro-gastric fistula at the previous staple line.
- The patient had visited multiple hospitals over several years without diagnosis because alimentary residue was present at every attempted endoscopy.
- The bezoar was removed using a grasping forcep, after which the patient resumed oral feeding without vomiting or nausea.
- Vertical banded gastroplasty is no longer performed due to ineffective long-term weight loss and common complications including stricture and complete obstruction at the band site.

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