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Summary

MULTI-MODAL ENDOSCOPIC MANAGEMENT OF FISTULA AFTER SLEEVE GASTRECTOMY INVOLVING A NOVEL ESOPHAGEAL STENT

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Case report describes multimodal endoscopic management of a post-sleeve gastrectomy fistula using a novel Luso-Cor esophageal stent combined with argon plasma ablation and clip closure, achieving resolution after 4 months.

KEY POINTS

- A 66-year-old female developed a 2 cm cardial fistula, pneumoperitoneum, subphrenic abscess, and sepsis following laparoscopic sleeve gastrectomy, requiring ICU care and prolonged hospitalization
- The Luso-Cor stent was placed for five weeks and reduced the fistula orifice from 2 cm to 4 mm, serving as a bridge to clinical stability and allowing oral nutrition resumption
- After stent removal, the fistula was ablated with argon plasma (40W/1L) and closed with a 7 mm over-the-scope clip; the patient was discharged 4 months post-surgery
- The Luso-Cor stent features a 5 mm uncovered proximal ring to reduce migration, two articulating zones for anatomical adaptation, and low radial force to minimize tissue trauma
- This case may interest gastroenterologists and bariatric surgeons managing post-sleeve gastrectomy fistulas, particularly those seeking alternatives to surgical re-intervention

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