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Summary

ENDOSCOPIC RESCUE CLOSURE OF POST-BARIATRIC GASTRECTOMY FISTULA USING THE X-TACK SYSTEM: A MINIMALLY INVASIVE BREAKTHROUGH

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A 28-year-old woman with a persistent post-bariatric fistula after Roux-en-Y gastrectomy achieved successful closure with X-Tack endoscopic suturing after failed stent and vacuum therapy.

KEY POINTS

- The patient developed a persistent gastric fistula following subtotal gastrectomy with Roux-en-Y reconstruction that did not resolve with self-expandable metal stent placement or prolonged endoscopic vacuum therapy.
- Through-the-scope suturing using the X-Tack system was employed as rescue therapy and achieved immediate fistula closure.
- Post-procedure fluoroscopic studies confirmed no contrast extravasation or fistulous tracts, the patient was discharged after 48 hours, and remained asymptomatic at 60-day follow-up.
- The authors suggest X-Tack may offer a minimally invasive option for refractory post-bariatric leaks, particularly in patients with preserved tissue and high surgical risk, though broader application requires further validation in larger studies.
- This case may be of interest to gastroenterologists and bariatric surgeons managing complex postoperative complications.

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