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Case report *Medical research*

Acute perforation at the anastomotic site of gastro-jejunostomy for peptic ulcer

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ABSTRACT

In Gastrojejunostomy the gastric acid comes in contact with jejunal loop directly so the complication of anastomotic site like leak ,hemorrhage stenosis are very common but the ulcer perforation is very rare and seldom reported in the available literature. We report a case of 45-year-old male who developed perforation at the jejunal side of the anastomosis of the old gastrojejunostomy for peptic ulcer perforation.

Keywords: Acute perforation; Anastomotic site; Gastro jejunostomy, peptic ulcer diease; lap.

ACUTE PERFORATION AT THE ANASTOMOTIC SITE OF GASTRO-JEJUNOSTOMY FOR PEPTIC ULCER

INTRODUCTION

Direct exposure of gastric acid is prime cause of ulcer formation which may further complicated by NASAID, alcohol and smoking. gastrojejunal stomal ulcer commonly occur on the jejunal side of the stoma such type of patients usually present with upper GI bleeding, stenosis and acute perforation which is rare[1,2]

CASE REPORT

A 45-year-old male, tobacco chewer and chronic alcoholic, presented with epigastric pain with an episode of vomiting and slight abdominal distension for one day. There was no history of trauma, fever and chest pain. Seven years before, He had undergone laparotomy for peptic ulcer disease ; for which details were not known. On admission, temperature was 100°F, pulse 110/min., respiration rate 20/min. thoraco-abdominal, and blood pressure 110/70mmHg. On examination, there was a vertical midline scar mark. The whole abdomen was distended and tender with muscle guarding, rigidity and rebound tenderness. Liver dullness could not be elicited. Bowel sounds were absent. Hernial orifices and genitalia were normal. Per rectal examination was normal. Chest x-ray showed free gas under the right dome of the diaphragm. Ultrasound of the abdomen showed distended bowel loops and free fluid in the peritoneal cavity. The patient was put on continuous Ryle's tube suction. Intravenous fluid resuscitation along with antibiotic coverage was given. Exploratory laparotomy was done. On exploration, there was a large collection of fluid in the peritoneal cavity which was cleared with suction. After thorough peritoneal lavage, On clearing the field, a 1.5x1.5cm perforation was identified at the jejunal side of the anastomosis of the old retrocolic

gastrojejunostomy (Figure 1). The margins were freshened up and the perforation was primary repair done in two layers. Reinforcement with omentum was not possible due to very small size of omentum as a result of previous surgery. 28 FG PVC abdominal drain was placed. The postoperative period was uneventful with passage of flatus and stools on post operative day 6 and oral intake of fluids was allowed on post operative day 8. Sucessful discharge on day 10

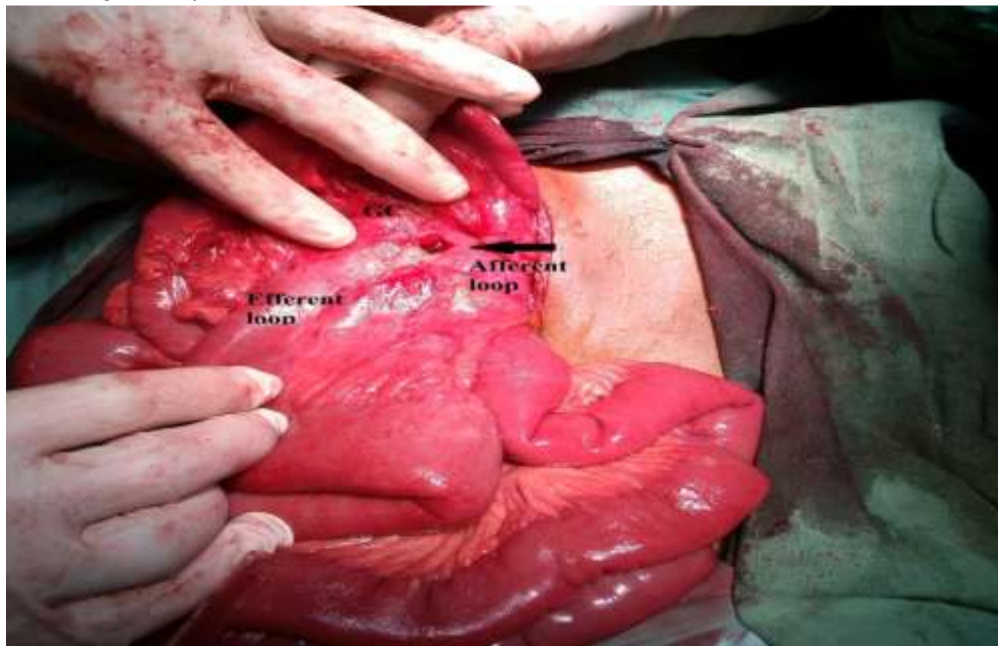

Figure 1: The arrow indicates the site of perforation over the jejunal side of the old anastomosis of gastojejunostomy. GC=Greater Curvature of stomach

DISCUSSION

Previously vagotomy and gastro jejunostomy or pyloroplasty were the treatment for peptic ulcer disease. Laparotomy and closure of perforation with omental patch repair still remains the treatment of choice for perforated peptic ulcer[1,2] .The numbers of vagotomy and gastrojejunostomy have been reduced due to success of medical treatment for H.pylori patients with gastrojejunostomy are expected to have complications like hemorrhage, perforation, retrograde intussusception, retroanastomotic hernia and adhesions. The gastrojejunal ulcer may manifests by hemorrhage and shortly afterwards by perforation. We would like to stress that such recurrence of ulcer on the anastomotic site of GJ is common but jejunal side perforation is very rare and seldom reported in the available literature. Kalaiselvan et al reported the the incidence of 1 in 120 patients who underwent laparoscopic

Roux-en-Y gastric bypass for morbid obesity.[3] Toland and Thomson, in a review of literature, reported the incidence of acute perfotation of gastro-jejunal ulcer to be less than 1 percent [4] Chittora reported a case of acute perforation on the efferent loop of the jejunum, close to the anastomotic site.[5] A case of GJ anastomosic site perforation on jejunal side was reported by *Muthukumaran Rangarajan* laproscopically[6], The gastrojejunal ulcer manifests itself first by hemorrhage and shortly afterwards by perforation[7].

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