Gastric outlet obstruction: a rare complication in patients with intragastric balloon treatment for obesity

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DESCRIPTION
A 43-year-old female patient presented to the emergency department with sudden onset of recurrent vomiting and epigastric pain for 5 days. The patient was not able to keep any food or fluid down. Two months ago, an intragastric balloon (MedSil, Mytishchi, Moscow region, Russia) was inserted endoscopically as a treatment for obesity with an initially uneventful course. On physical examination, there was a palpable resistance in the right mid-abdomen with no pain on palpation. Blood testing did not reveal any signs of infection. A CT scan showed a massive dilatation of the stomach with a maximum diameter of 34 cm, caused by a trapped intragastric balloon in the gastric antrum with consecutive gastric outlet obstruction (figure 1, arrow). After the insertion of a gastric tube, 2 L of fluid were drained and the vomiting resolved. On the following day, the intragastric balloon was removed via endoscopy, and the patient, who did not report any residual symptoms, was discharged on the same day.

Intragastric balloon treatment was introduced in the 1980s for patients with obesity (body mass index between 30 and 40 kg/m²) who failed to lose weight with diet and exercise.1 A fluid-filled balloon is inserted and removed after 6 months via endoscopy. In the majority of cases, this treatment is less common but can be dangerous.1

Learning points
► Intragastric balloon treatment is a therapeutic option for obese patients with a body mass index between 30 and 40 kg/m² who have failed to lose weight with diet and exercise; however, long-term maintenance of weight loss depends on lifestyle changes.
► Gastric outlet obstruction is a rare, but major, complication in patients with intragastric balloon treatment and should be considered in patients with recurrent vomiting.
► Other major complications include gastrointestinal ulceration, dehydration, gastric outlet obstruction, gastric perforation or balloon deflation with distal migration and bowel obstruction.

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Figure 1 CT scan of the abdomen, showing a massive dilatation of the stomach (maximum diameter of 34 cm), caused by a trapped intragastric balloon in the gastric antrum (arrow).
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