Gastric Band Erosion – A Dangerous Complication with a Unique Endoscopic Method of Retrieval

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Case Presentation:
Laparoscopic gastric banding was one of the preferred methods for the treatment of morbid obesity[1,2]. However, its popularity has declined because of its high complication rates, such as gastric band erosions[1,2]. We present a case of gastric band erosion with successful retrieval using an endoscopic approach.

A 62-year-old female with history of laparoscopic gastric banding placed 10 years ago who presented with melena, abdominal pain, and hematemesis. Her vitals were stable except for mild tachycardia, and her exam was notable for orthostasis and melena. Her labs were significant for hemoglobin of 8.3 g/dL. Esophagoduodenoscopy showed esophagitis, a Mallory Weiss tear, chronic gastritis, and a gastric band eroded two-thirds into the gastric lumen without active bleeding or perforation. The remainder of the band was seen in the gastric cardia attached by fibrous tissue. A guide wire was used to traverse the band which was then attached to the mechanical lithotripter. Torque was applied on the lithotripter handle until the gastric band was severed, and subsequently retrieved with the snare. The patient's symptoms resolved and she was discharged.

Gastric band erosions can occur in up to 28% of patients[2]. They can be asymptomatic, or cause nausea, vomiting, abdominal pain, hematemesis, or hematochezia[2]. Several mechanisms have been proposed including chronic ischemia from gastric wall pressure or foreign body rejection causing mural erosion[2]. Our patient also had esophagitis and a Mallory Weiss tear which was from vomiting, and irritation of the mucosa from the gastric band.

The removal of eroded gastric bands was initially done with open surgery, but they can be done endoscopically[1]. Using the technique described above with the endoscope, a guide wire, and the mechanical lithotripter, the band can be transected and broken for retrieval[3]. This has now been the new minimally invasive approach for hemodynamically stable patients[3].