

The difficult path towards a better life

Chronic obstruction of duodenojejunal anastomosis requiring revision to esophagojejunostomy

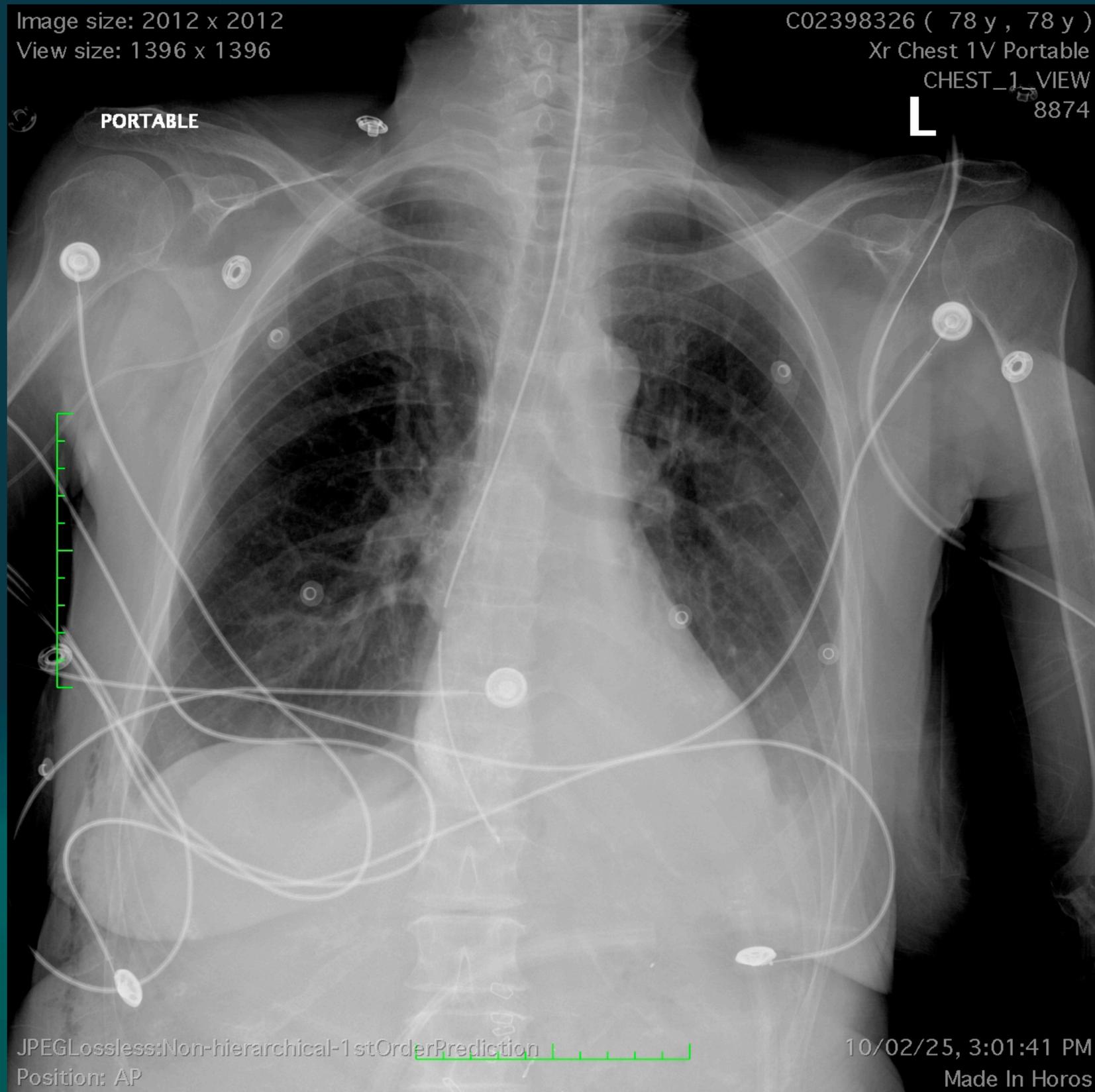
Jose Delgado

History and Physical

- 75 year old female with progressive dysphagia and food impaction due to chronic anastomotic obstruction between the duodenum and jejunum

Preoperative X-Ray

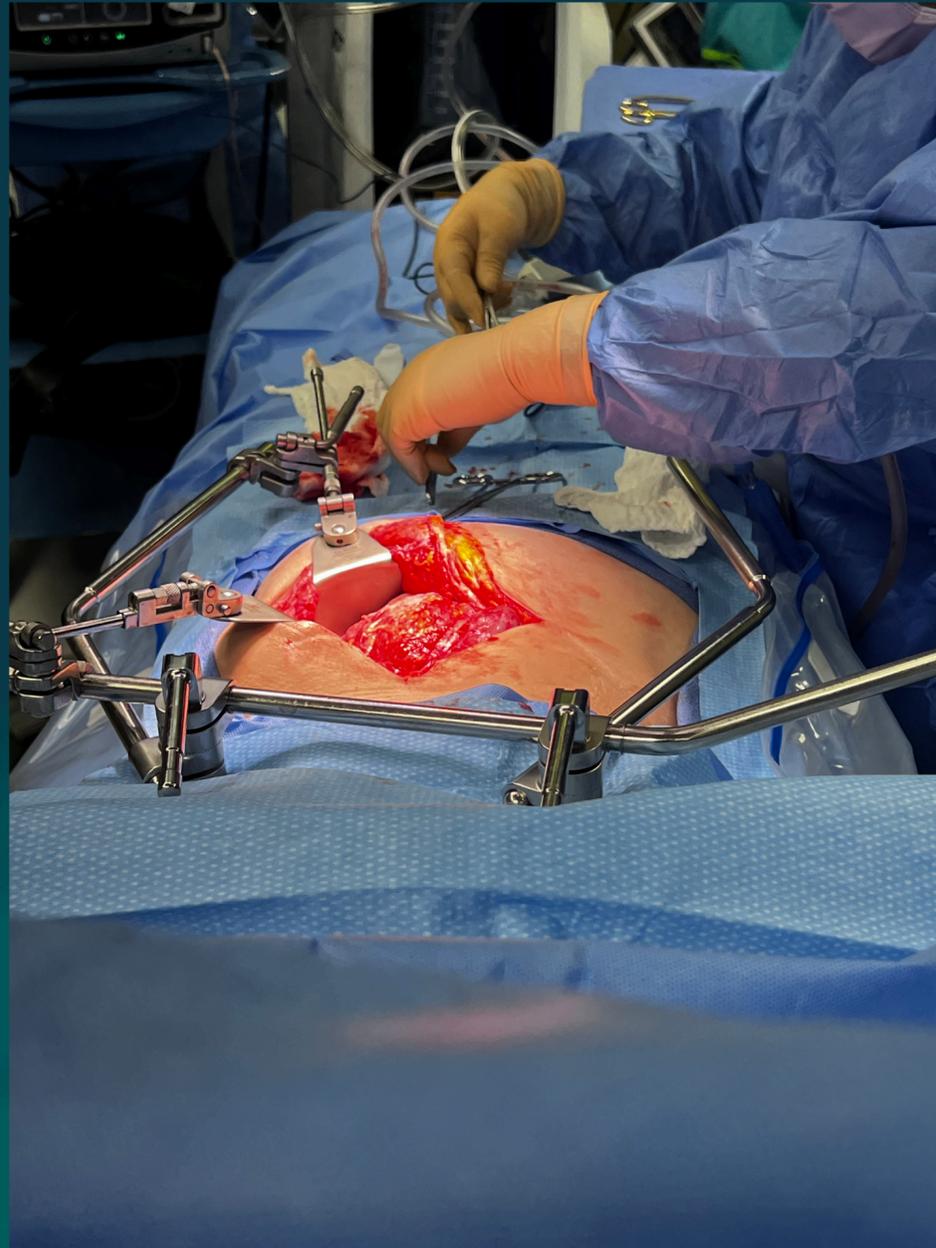
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- Clear lungs field
- No free sub diaphragmatic air
- No evidence of acute pulmonary process

Intraoperative media

oct-2-2025

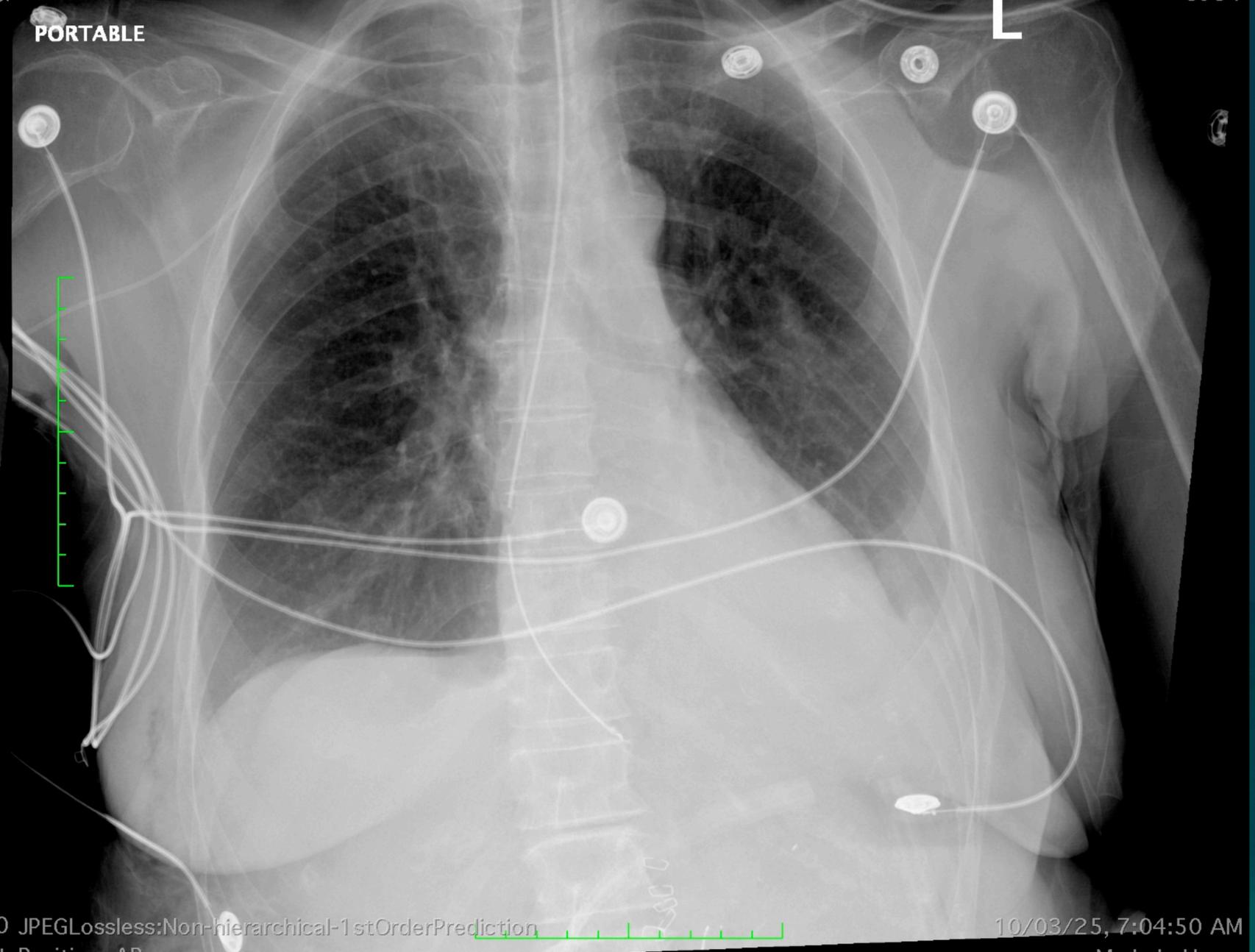
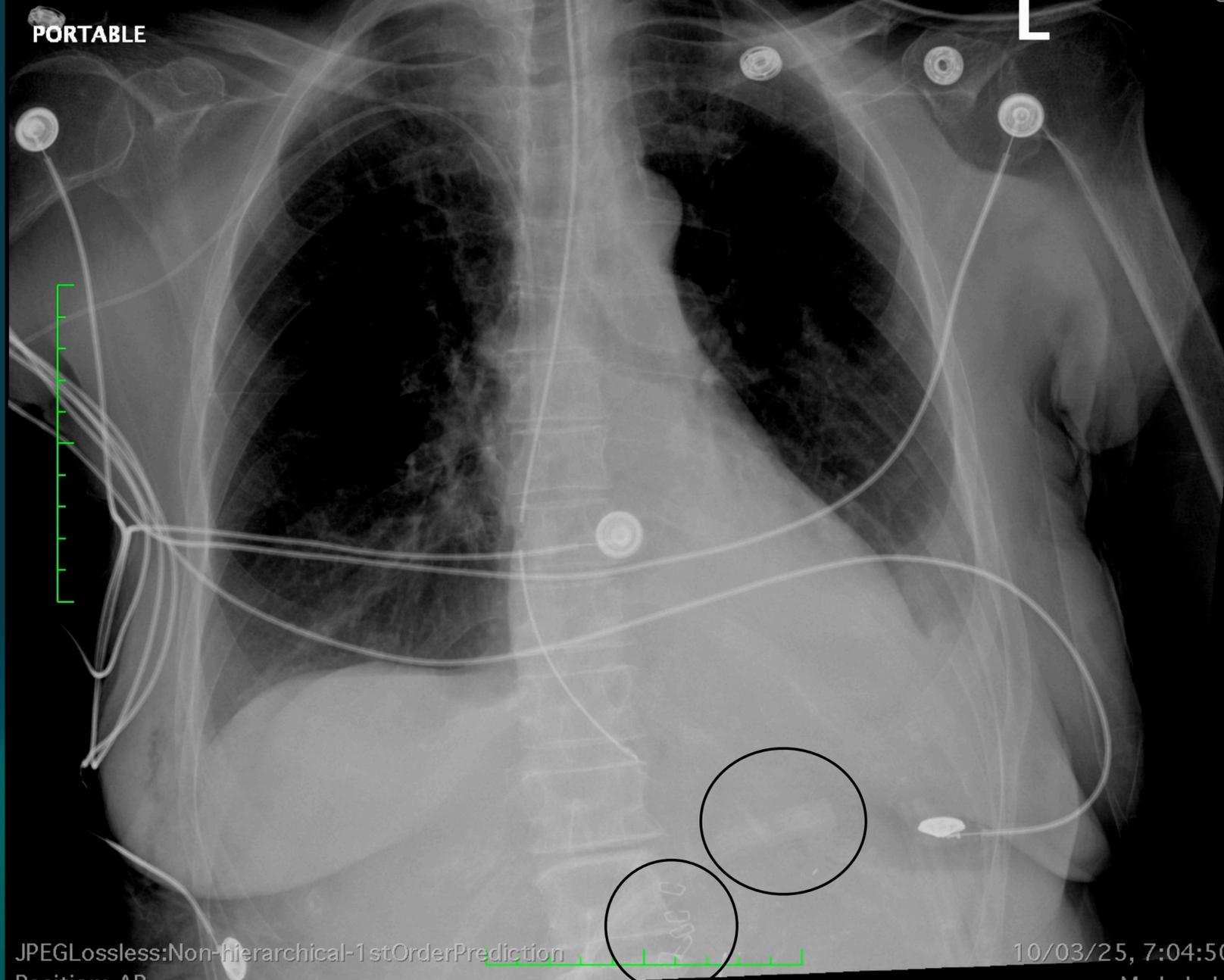


Post-operative imaging oct-3-2025

Image size: 2031 x 1780
View size: 1554 x 1363

C02398326 (78 y , 78
Xr Chest 1V Port; View size: 1597 x 1398
CHEST_1_V
8!

C02398326 (78 y , 78 y)
Xr Chest 1V Portable
CHEST_1_VIEW
8934



JPEGLossless:Non-hierarchical-1stOrderPrediction
Position: AP

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Made In Hk Position: AP

JPEGLossless:Non-hierarchical-1stOrderPrediction

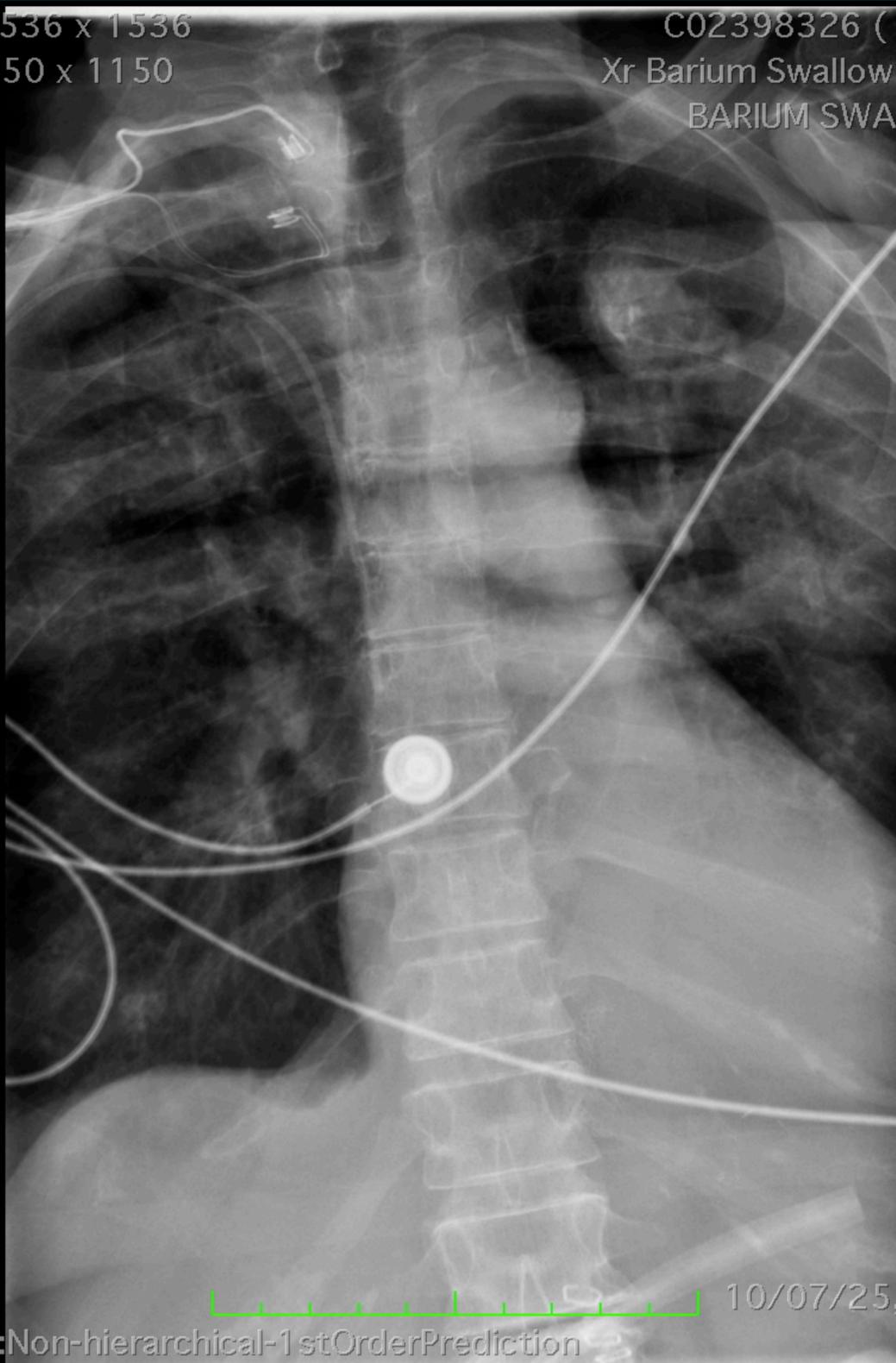
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Post-operative imaging

oct-7-2025

Image size: 1536 x 1536
View size: 1150 x 1150

C02398326 (78 y , 78 y)
Xr Barium Swallow (Esophagram)
BARIUM SWALLOW MEDIUM
2



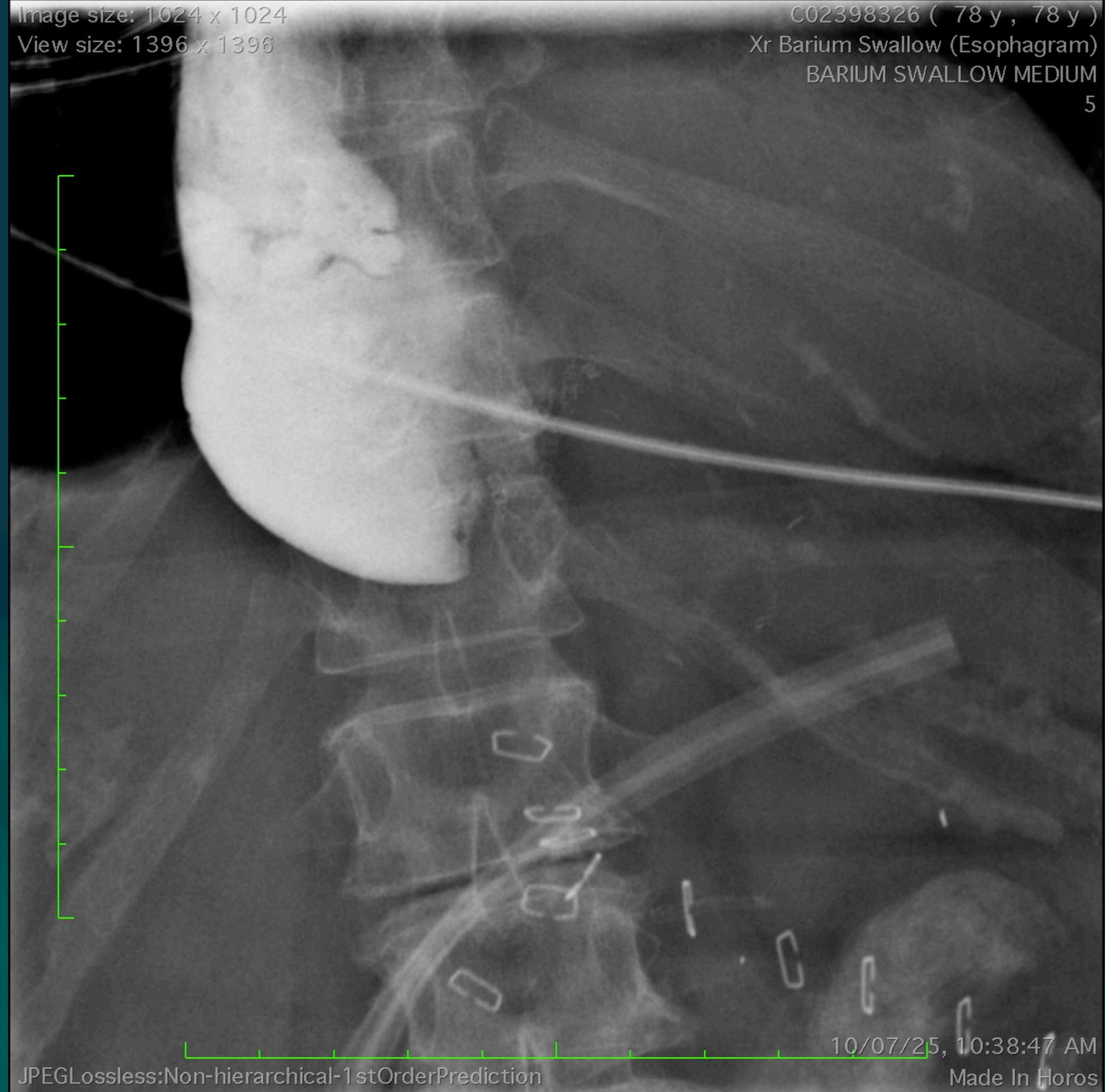
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JPEGLossless:Non-hierarchical-1stOrderPrediction

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Image size: 1024 x 1024
View size: 1396 x 1396

C02398326 (78 y , 78 y)
Xr Barium Swallow (Esophagram)
BARIUM SWALLOW MEDIUM
5



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JPEGLossless:Non-hierarchical-1stOrderPrediction

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Hospital course

First post-op day - oct/3/2025

- **Pain is mild** and well-controlled with prescribed analgesics
- No nausea or vomiting.
- **Abdomen soft**, non-distended, tender only at the incision site.
- Bowel sounds present.
- Drain output minimal and serous.
- **No signs of anastomotic leak**, peritonitis, or infection.
- **Urine output adequate**, good response to IV fluids and medications.
- Remains **NPO or clear fluids**, depending on protocol.

Hospital course

Most recent post-op day **oct-16-2025**

- The patient continues to improve steadily
- Now tolerating a soft or liquid diet, with no dysphagia, nausea, or vomiting.
- Bowel movements present, passing gas.
- Surgical wound clean, dry, and intact; no erythema or drainage.
- **Drain output minimal**, serous or already removed.
- **Vital signs stable**, no signs of infection or hemodynamic compromise.
- No signs of anastomotic leak, obstruction, or sepsis.
- Preparing for diet progression and possible discharge planning.

Literature

- **Inokuchi et al. — Systematic review of anastomotic complications**
Inokuchi, M., Otsuki, S., Fujimori, Y., Sato, Y., Nakagawa, M., Kojima, K., & Sugihara, K. (2015). *Systematic review of anastomotic complications of esophagojejunostomy after gastrectomy for gastric cancer*. *World Journal of Gastroenterology*, 21(32), 9656–9665.
- **Noshiro et al. — Disturbed passage of jejunal limb near esophageal hiatus**
Noshiro, H., Miyata, H., Hiraoka, N., & Nakamura, K. (2022). *Disturbed passage of the jejunal limb near the esophageal hiatus after total gastrectomy: A case report and literature review*. *International Journal of Surgery Case Reports*, 99, 107648.
- **Levine et al. — Radiologic complications after total gastrectomy**
Levine, M. S., Rubesin, S. E., & Laufer, I. (1991). *Complications after total gastrectomy and esophagojejunostomy: Radiologic evaluation*. *American Journal of Roentgenology*, 157(6), 1199–1203.
- **Nishiwaki et al. — Reoperation after gastrectomy (severe reflux)**
Nishiwaki, N., Takahashi, T., Fujita, T., & Sugimura, K. (2021). *Severe reflux esophagitis after total gastrectomy successfully treated by transposition of the jejunojejunal anastomosis: Report of two cases*. *Surgical Case Reports*, 7(1), 1–6.