

Gastric balloon causing small bowel obstruction: treatment by double-balloon enteroscopy

A 32-year-old woman was referred to our emergency department because of abdominal pain and vomiting. She had received a gastric balloon in an outpatient clinic 5 years previously to treat obesity, but had not attended follow-up appointments. Emergency computed tomography showed a partially deflated gastric balloon (▶ Fig. 1, arrow) in the mid part of the jejunum with proximal dilatation of the small bowel loops consistent with ileus.

To remove the gastric balloon from the jejunum, the patient was offered peroral double-balloon enteroscopy under conscious sedation. The gastric balloon was found at an insertion depth of 180 cm (▶ Fig. 2a). To empty the methylene-blue-containing saline out of the gastric balloon, a standard injection needle was used to

perforate the silicone wall (▶ Fig. 2b). The deflated gastric balloon was folded up using a large polypectomy snare and was removed (▶ Fig. 2c). The symptoms resolved quickly and the patient was discharged the next day.

Insertion of gastric balloons is performed as a temporary measure for weight loss [1]. If a gastric balloon remains longer than scheduled, it may deflate spontaneously and cause obstruction by entering the bowel. Similar cases have been treated by surgery [2–5]. However, double-balloon enteroscopy seems a promising method to treat bowel obstruction caused by partially deflated gastric balloons.

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Competing interests: None



Fig. 1 CT scan of the abdomen of a 32-year-old woman showing dilated small-bowel loops and the partially deflated gastric balloon (arrow).



Fig. 2 a–c Removal of the gastric balloon by double-balloon enteroscopy: **a** gastric balloon in the mid part of the jejunum accompanied by superficial ulcerations; **b** perforation of the silicone wall with an injection needle; **c** removal of the gastric balloon with a polypectomy snare.

U. Halm, M. Grothoff, R. Lamberts

Park-Krankenhaus Leipzig, Klinik für Innere Medizin II, Leipzig, Germany

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Corresponding author**U. Halm, MD**

Park-Krankenhaus Leipzig
Strümpellstr. 41
04289 Leipzig
Germany
Fax: +49-341-8642264
ulrich.halm@parkkrankenhaus-leipzig.de