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## Adenocarcinoma of oesophagus involving gastro-oesophageal junction following mini-gastric bypass/ one anastomosis gastric bypass

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### Abstract

Mini-gastric bypass/one anastomosis gastric bypass (MGB/OAGB) is an emerging weight loss surgical procedure. There are serious concerns not only regarding the symptomatic biliary reflux into the stomach and the oesophagus but also the increased risk of malignancy after MGB/OAGB. A 54-year-old male, with a body mass index (BMI) of 46.1 kg/m<sup>2</sup>, underwent Robotic MGB at another centre on 22<sup>nd</sup> June 2016. His pre-operative upper gastrointestinal endoscopy was not done. He lost 58 kg within 18 months after the surgery and attained a BMI of 25.1 kg/m<sup>2</sup>. However, 2-year post-MGB, the patient had rapid weight loss of 19 kg with a decrease in BMI to 18.3 kg/m<sup>2</sup> within a span of 2 months. He also developed progressive dysphagia and had recurrent episodes of non-bilious vomiting. His endoscopy showed eccentric ulcerated growth in lower oesophagus extending up to the gastro-oesophageal junction and biopsy reported adenocarcinoma of oesophagus. MGB/OAGB has a potential for bile reflux with increased chances of malignancy. Surveillance by endoscopy at regular intervals for all patients who have undergone MGB/OAGB might help in early detection of Barrett's oesophagus or carcinoma of oesophagus or stomach.

**Keywords:** Bariatric surgery, Barrett's oesophagus, biliary reflux, oesophageal carcinoma, gastric carcinoma, one anastomosis gastric bypass

### INTRODUCTION

Mini-gastric bypass/one anastomosis gastric bypass (MGB/OAGB) first reported by Rutledge is an emerging weight loss surgical procedure.<sup>[1]</sup> It is found to be safe and effective in terms of successful weight loss and resolution of obesity-related comorbidities.<sup>[1]</sup> Nevertheless, it has been viewed with