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MULTIMEDIA ARTICLE

# Incidental Jejunal Lesion Necessitating Intraoperative Change of Plan During Bariatric Surgery: a Video Case Report

Arun Kumar[1] · Aditya Baksi[2] · Sai Divya Yadavalli[1] · Sandeep Aggarwal[1]

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## Abstract

Incidental gastric and small bowel lesions are commonly encountered during bariatric surgery. Resection of these lesions with negative margins in the same sitting is curative; however, this may necessitate intraoperative change of plan. We present a 44-year-old super obese lady in whom an exophytic jejunal mass was found at 80 cm from the ligament of Treitz, which necessitated a change of procedure from one anastomosis gastric bypass (OAGB) to Roux-en-Y gastric bypass (RYGB). The final pathology was ectopic pancreatic tissue. Running the small bowel during initial diagnostic laparoscopy should be a routine step before division of stomach, to avoid technical complexities when operative plan is changed in order to resect an incidentaloma. Bariatric surgeons should be well versed with all the standard bariatric procedures.

**Keywords** Incidental jejunal lesion · Heterotopic pancreas · Ectopic pancreas · Bariatric surgery

## Purpose

Incidental small bowel lesions, most commonly gastrointestinal stromal tumors (GIST), may be encountered during bariatric surgery. Concomitant resection of these lesions with negative margins is curative and can avoid a second surgery. However, this may necessitate intraoperative change of plan. Benign pathologies like heterotopic pancreas can mimic GIST due to their submucosal location. We present a case when a jejunal mass, suspected as GIST, prompted an intraoperative change of plan from one anastomosis gastric bypass (OAGB) to Roux-en-Y gastric bypass (RYGB).

✉ Sandeep Aggarwal
sandeep_aiims@yahoo.co.in

Arun Kumar
drarun1612@gmail.com

Aditya Baksi
aditya.baksi@gmail.com

Sai Divya Yadavalli
saidivya.yadavalli@gmail.com

[1] Department of Surgical Disciplines, All India Institute of Medical Sciences, Ansari Nagar (East), New Delhi 110029, India

[2] Department of Surgical Disciplines, All India Institute of Medical Sciences, 110029 New Delhi, India

## Materials and Methods

A 44-year-old lady with body mass index (BMI) of 53.8 kg/m$^2$ and no comorbidities was planned for OAGB after thorough evaluation. As per institutional protocol, preoperative counseling was done, and informed consent for all three standard procedures—sleeve gastrectomy (SG), OAGB, and RYGB—was taken. After accessing the peritoneal cavity, diagnostic laparoscopy was done to rule out adhesions. A long gastric pouch was made and posterior gastrotomy done. During small bowel measurement, an exophytic lesion was noted about 80 cm from the ligament of Treitz. The procedure was converted to RYGB in order to excise the lesion. The gastric pouch was shortened, and gastrojejunostomy made using omega loop technique. The bilio-pancreatic limb was disconnected using stapler, and the lesion was resected with 5-cm margins. Jejunojejunostomy was done with a bilio-pancreatic limb of 75 cm and alimentary limb of 130 cm. Mesenteric and Peterson's defects were closed, and a flat drain was placed.

## Results

Operating time was 225 min. The patient had an uneventful recovery and, subsequently, satisfactory weight loss. Final pathology was ectopic pancreatic tissue.

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