

Candy Cane Syndrome after Gastric Cancer Surgery

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Patient with antecedent of partial gastrectomy + Roux- en- Y by gastric cancer in 2009 (T2N1M0). Subsequent controls rule out tumor recurrence. The patient refers a 12 month history of abdominal pain and fullness that begins during the intake of food, which forces its interruption and stops after rest. It doesn't associate nausea, vomiting or altered bowel habits. It is accompanied by loss of 3 kg. Physical exploration is anodyne even though the episodes of abdominal pain. In the intestinal transit, images compatible with candy cane syndrome (**figures 1 and 2**) are seen.



Figure 1: Dilatation of the afferent loop of the gastrojejunostomy with good contrast passage through the gastrojejunal anastomoses and the efferent loop.



Figure 2: Late contrast retention in the dilated loop.

Surgery was decided then. During the laparotomy a dilatation of the afferent loop of the gastrojejunostomy was appreciated

(**figure 3**). We performed a resection of the afferent loop after releasing it. The post-operative period coursed with no incidences and the patient was discharged at the fifth day. After six months, the patient is asymptomatic and has gained 2 kg.

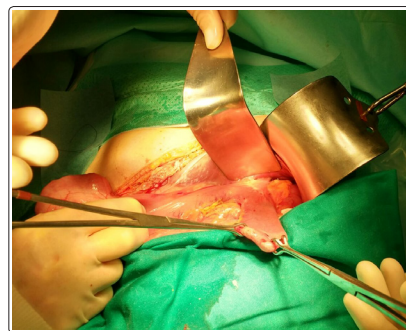


Figure 3: Intraoperative picture of the dilated loop in the gastrojejunal anastomoses.

Candy cane syndrome is related with late postoperative period of bariatric surgery. We have not found any case described after gastric cancer surgery. It causes symptoms due to stasis and delayed emptying of the afferent dilated loop. There are also described symptoms related to the bacterial overgrowth in the dilated blind loop. The treatment consists in releasing and removing the dilated loop with excellent results in the immediate post-operative period.

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