Sir,

Obesity is an important clinical condition that disrupts the quality of life and causes chronic health problems. Around 1% of the overall world population is affected by obesity. Hypertension, type II diabetes, coronary artery diseases (CAD) and some cancers are found to be associated with the obesity. Diet, exercise programs, pharmacotherapy, surgery and intragastric balloon (IGB) applications are widely used in the treatment of obesity. IGB is used to prepare severely obese people preoperatively and make them ready for the operation. However, side effects and complications may occur depending on the IGB applications. Some of these complications can be even life-threatening. In this case, a 39-year patient, who underwent endoscopic IGB due to morbid obesity, presented with intestinal obstruction induced by air-filled intragastric balloon migration deflated spontaneously, is presented.

A 39-year Turkish male patient who underwent IGB 10 months ago due to morbid obesity in Turkey (Body mass index=41 kg/m²), was admitted to emergency room in April 2015 with abdominal pain, nausea and vomiting. In the physical examination, tenderness and abdominal distention was detected. In the abdominal computed tomography (CT), small bowel obstruction and intraluminal ballon was detected (Figure 1). Surgery was decided due to the progression in the mechanical intestinal obstruction. A median laparotomy was performed. In the proximal ileum, spontaneously deflating IGB was found. Gastric balloon was removed by performing 3 cm enterostomy in the ileum (Figure 2). Enterostomy was closed primarily. The patient was discharged on the postoperative 7th day.

IGB has an important role in the fight against obesity. However, it may cause some side effects, such as vomiting, nausea, gastric ulcer and esophagitis as well as some life-threatening complications such as perforation of the stomach, esophageal perforation and balloon migration. Migration, which is induced by spontaneously deflated IGB, is rarely seen. However, it is very important because it leads to obstruction and subsequent operation. Although, in the migration of IGB, conservative methods as well as endoscopic removal, laparoscopy or removal of the balloon with enterostomy accompanied by laparotomy can be used. Early detection of deflation of IGB may prevent complications such as migration and intestinal obstruction. There is a risk of deflation and migration if the gastric balloon remains in situ for more than six months in the stomach. In our case, there were both deflation and migration after 10 months. Migrated gastric balloons may cause intestinal obstruction. Deflation and migration of gastric balloons should be kept in mind since mechanical intestinal obstruction is seen in patients with intragastric balloon.

REFERENCES


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