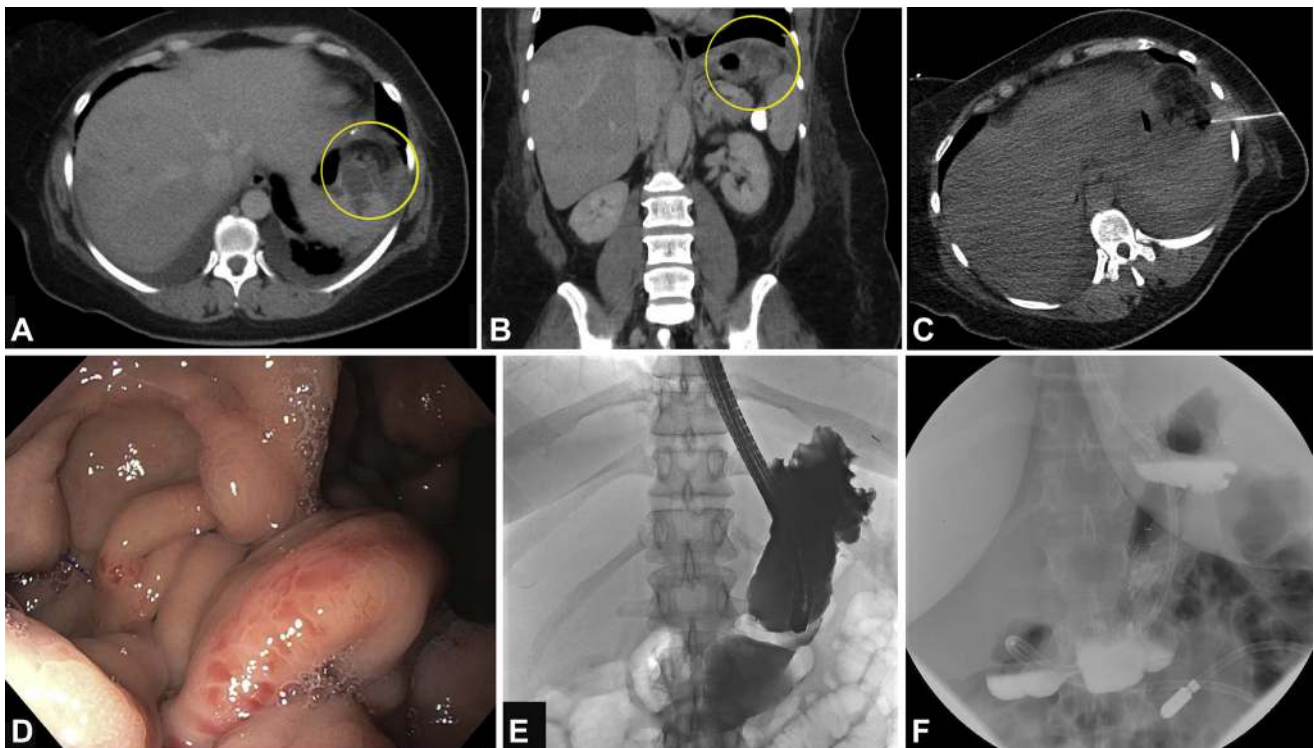


Mohamed Othman, MD, Associate Editor for Focal Points

Perigastric abscess as a delayed adverse event in endoscopic sleeve gastroplasty



A 44-year-old obese woman with an initial weight of 91.6 kg underwent endoscopic sleeve gastroplasty (ESG). She received preoperative levofloxacin prophylaxis. She was discharged home after the procedure without hospital admission, tolerated a liquid diet without difficulty, and transitioned to pureed food on day 17. On postprocedure day 20, she presented with abdominal pain, fever, and hypotension. CT demonstrated a perisplenic multiloculated fluid collection adjacent to the gastric fundus (**A**, **B**) and acute portal vein thrombosis. She was admitted to the intensive care unit.

The collection was aspirated under CT guidance and returned frank pus (**C**). Blood cultures grew *Streptococcus anginosus*, and abscess cultures grew multiple organisms. Upper endoscopy demonstrated an intact suture line with healed overlying mucosa without evidence of gastric leak during contrast injection (**D**, **E**). This was confirmed by up-

per GI series (**E**, **F**). The patient's condition stabilized after source control, and she was discharged home after 16 days in the hospital with intravenous antibiotics and oral anticoagulant agents. Her weight at the most recent follow-up visit (7 weeks after ESG) was 80.2 kg, a reduction by 11.4 kg, or 12.4% total body weight loss.

We hypothesize that the adverse event in this case resulted from seeding an inflammatory collection by bacterial translocation along a suture tract in the relatively thin-walled fundus because no overt leak was identified.

DISCLOSURE

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Commentary

Endoscopic sleeve gastropasty (ESG) is gaining popularity in the management of obesity. The ability to reduce gastric capacity by an incisionless procedure is very appealing. The procedure is done in the endoscopy suite by the use of an endoscopic suturing device, and the patient can be discharged the same day of the procedure or the next day.

Although the procedure is safe, endoscopists should be aware of the possible adverse events associated with this procedure. Lopez-Nava et al reported 2 cases of perigastric abscess in 248 patients who underwent ESG in 3 referral centers in the United States and Spain. Both patients required percutaneous drainage and antibiotics similar to what occurred in the case described here. Reem Sharaiha reported her experience with ESG in a prospective single-center trial, which included 91 consecutive patients. Although most of the reported adverse events were mild, such as nausea and abdominal pain, 1 patient experienced a perigastric leak and abscess requiring antibiotics and percutaneous drain.

Other serious adverse events reported in the literature include severe GI bleeding, pneumoperitoneum, and pulmonary embolism. Given the possibility of a 1% to 2% risk of serious infection after the procedure, it is not unreasonable to consider antibiotic prophylaxis in this setting.

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Monomorphic epitheliotropic intestinal T cell lymphoma presenting in weblike feature



A 68-year-old man presented to the outpatient clinic because of nausea, vomiting, and weight loss (25 kg in 6 months). He had repeated episodes of cyclic vomiting occurring every 2 or 3 days each week for 2 months. EGD showed weblike stenosis was seen in the distal third of the duodenum, with some retained fluid and blunted-appearing duodenal villi (**A**). A biopsy specimen was taken from the stricture site (**B**, *arrow*: biopsy site). Histopathologic examination revealed infiltration of dense lymphoid cells without inflammation on hematoxylin and eosin staining. Immunohistologically, the intraepithelial lymphocytes were positive for clusters of differentiation (CD3, CD8, CD56, and T-cell intracellular antigen) but were negative for CD5 (**C**). Finally, the patient received a diagnosis of monomorphic epitheliotropic intestinal T cell lymphoma, an extremely rare disease with a poor prognosis. Survival after diagnosis is reported to be less than a year, and there

is no standard treatment for this disease. Surgical resection and chemotherapy were recommended to this patient. He ultimately underwent surgical resection followed by chemotherapy.

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Commentary

Lymphoma can masquerade as many things. Patients with lymphoma can have minimal to no symptoms early in their course or vague constitutional symptoms such as fatigue or weight loss of unclear origin. This case illustrates a patient