

# Significantly Prolonged Delayed Gastric Emptying After Whipple Procedure: A Multi-specialty Approach to Delayed Gastric Emptying with Concomitant Gastric Outlet Obstruction

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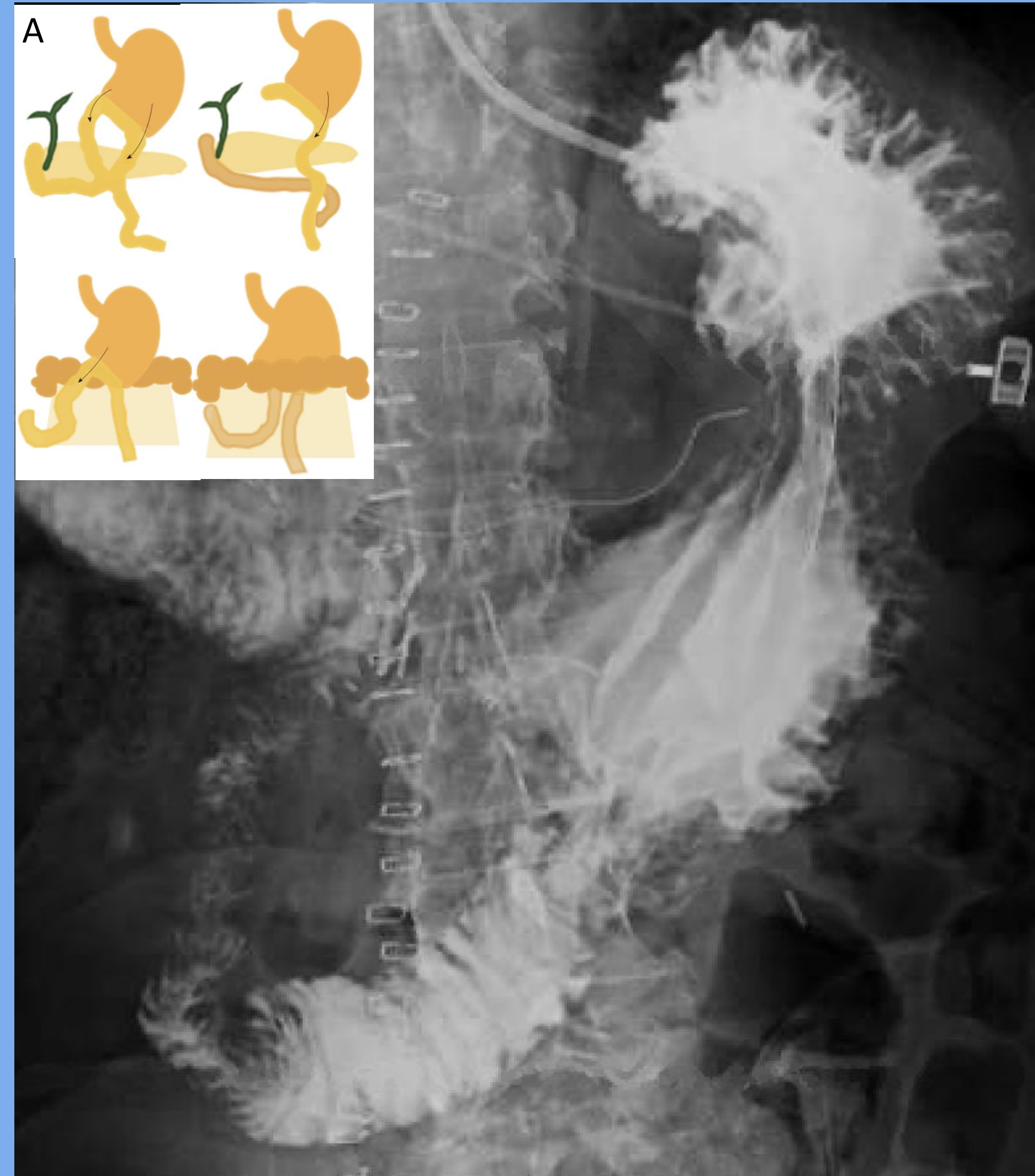


## Introduction

- Delayed gastric emptying (DGE) is a common complication post Whipple
- Gastric outlet obstruction is less common but should be on the differential
- There are limited case reports that describe concomitant gastric outlet obstruction (GOO) and DGE over such a prolonged period of time.

## Case Presentation

- 69 year old male with T2N0M0 pancreatic adenocarcinoma underwent a Whipple procedure with major vascular reconstruction
- Post operatively he developed suspected DGE
- Conservative measures were ineffective
- Imaging and endoscopy demonstrated GOO at efferent Limb.
- Full Covered Self Expanding Stent was utilized
- Stent removed for migration, and efferent limb was patent at that time
- Continued diet intolerance
- Persistent DGE, treated conservatively and ultimately resolving after 9.5 weeks



**Figure 1.** Upper Gastrointestinal X-ray demonstrating no contrast passing into the efferent limb of the Gastrojejunostomy. (Inlay A, clock wise orientation) Braun enteroenterostomy, Roux-en-Y, antecolic, retorcolic<sup>1</sup>

## Discussion

- There are two types of GOO, Afferent and Efferent Limb Syndrome (ELS)
- ELS is described much less in the literature and is more rare
- DGE and GOO commonly occur independently but are not mutually exclusive
- The combination of both is much less common
- Despite intervention for GOO and a patent efferent limb he still suffered prolonged diet intolerance with DGE

## Conclusion

- Combined GOO and DGE creates a unique clinical challenge that is seldom encountered
- Further research is needed to delineate treatment pathways when both processes occur together
- Further research is needed to ascertain if alternative surgical techniques can mitigate the risk of developing DGE

## References

1. Krutsri, Chonlada, et al. "Current Status of Endoscopic Retrograde Cholangiopancreatography in Patients with Surgically Altered Anatomy." *World Journal of Gastroenterology*, vol. 25, no. 26, 2019, pp. 3313–3333.