

# AB011. OP-11 Unexplained abdominal pain after laparoscopic sleeve gastrectomy: porto-mesenteric venous thrombosis

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**Abstract:** Laparoscopic sleeve gastrectomy (LSG) is the most common bariatric operation for the treatment of morbid obesity. Leak is the major complication after LSG in early postoperative period as well as in the late postoperative period. However another life threatening complications such as portomesenteric thrombosis may occur after LSG. In this study, we aimed to present a patient with unexplained abdominal pain who was admitted to our bariatric surgery clinic. A 42-year-old male patient was admitted to our clinic for morbid obesity surgery. The body mass index (BMI) of the patient was 40.3 kg/m<sup>2</sup>. The patient's past medical and family history was normal. The preoperative laboratory tests including complete blood cell, biochemical tests were in normal limits. After preoperative management the patient was underwent LSG. There was no perioperative complication during surgery. The operation time was nearly 35 minutes. The patient was mobilised six hours after the surgery and clear fluid diet was given. Low molecular weight heparin was started to patient 12 hours after the surgery. The clinical follow-up of the patient was normal and he was discharged after two days with our routine postoperative medications. The patient was readmitted to our clinic with abdominal pain 10 days after surgery. Intravenous and oral contrast computed tomography (CT) was done. CT revealed no leak however there was a suspected thrombosis in superior mesenteric vein. Doppler Ultrasonography revealed a thrombosis in superior mesenteric vein which is

nearly completely obstructive. The patient was hospitalized again and consulted to interventional radiology department. The patient underwent mesenteric angiography. At mesenteric angiography, thrombectomy was done and tissue plasminogen activator was given in order to achieve thrombolytic treatment. After emergency treatment low molecular weight heparin was given for prophylaxis. The patient's abdominal pain resolved during clinical follow-up. After 3 days, portomesenteric doppler USG revealed recanalisation of the thrombus. Oral diet was started and the patient was discharged with oral anticoagulation medication. Portomesenteric thrombosis is a rare clinical entity, however it may be a life threatening complication after LSG. The surgeons should be awake of portomesenteric thrombosis in patients with abdominal pain after LSG.

**Keywords:** Laparoscopic sleeve gastrectomy (LSG); abdominal pain; thrombosis; portomesenteric thrombosis

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