



CG-006 - ENDOSCOPIC MARSUPIALIZATION AFTER MAGNETS PLACEMENT FOR SEVERE CANDY CANE SYNDROME (A CLINICAL CASE WITH LONG-TERM FOLLOW-UP)

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Candy cane syndrome (CCS) is a clinical condition that may occur after gastrectomy or gastric bypass, when an excessively long or mispositioned blind jejunal loop proximal to the anastomosis is left in place.

Preferential food passage in this loop results in increased pressure, loop dilatation, and the characteristic symptoms of the syndrome: fullness, pain, reflux, regurgitation and post-prandial vomiting.

Surgical resection of the dilated loop has good results, but the technical complexity of revisional surgery limits its use in fragile patients.

We present the case of a 71-year-old female patient with intractable vomiting, food intolerance and cachexia after total gastrectomy for gastric cancer. Workup revealed her symptoms stemmed from candy cane syndrome.

Surgical treatment was not an option in such a high-risk patient and we were able to successfully treat her with a novel endoscopic approach using a double-magnet device followed by septotomy to marsupialize the blind loop, achieving full resolution of symptoms and weight regain.

No complications were noticed and at two years follow up the patient was free of symptoms and her weight had stabilized.

In our patient's case, septotomy and marsupialization of the blind pouch proved to solve her long standing condition.

Having a safe and effective endoscopic treatment for CCS is desirable and achieving a reproducible endoscopic technique for blind loop marsupialization may represent this simple, safe and effective therapy.