

**A Rare Case of Gastric Cancer Following Sleeve Gastrectomy with Transit Bipartition Surgery:
A Case Report and Review of the Literature**

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Abstract

Background: Gastric cancer is a critical concern for public health. In particular, an increased incidence of gastric malignancies has been linked to previous gastric surgeries.

Case Report: We report a case of cancer developing at the gastrojejunostomy site in a 75-year-old woman who underwent laparoscopic transit bipartition sleeve gastrectomy (TB-SG) seven years ago due to morbid obesity and type 2 diabetes mellitus. The patient underwent gastroscopy, biopsy, and computed tomography. Following neoadjuvant therapy, total gastrectomy with esophageal jejunostomy was performed. Postoperative nutritional support was provided with total parenteral nutrition. Enteral feeding was initiated on the eighth postoperative day, and the patient was discharged in stable condition on the twelfth postoperative day. Positive metabolic outcomes were recorded in the early postoperative period; the patient is being followed up less than one year postoperatively.

Discussion: While bariatric surgery has been reported to contribute to a reduction in cancer incidence in certain settings, gastric cancer developing in the remaining stomach after bariatric surgery has rarely been documented. Several cases of gastric cancer have been identified after sleeve gastrectomy alone. Although cancer developed in the gastric remnant after sleeve gastrectomy and transit bipartition (TB-SG) surgery has been already reported in literature, this is the first case report of gastric cancer developed at the gastrojejunostomy anastomosis site after TB-SG.

Conclusion: Tumor development at the anastomosis site following Sleeve Gastrectomy with Transit Bipartition is a rare occurrence. To prevent severe complications, patients undergoing this procedure should be closely monitored for gastric cancer during the postoperative period. Even minor clinical suspicions should prompt timely endoscopic and imaging evaluations without delay to facilitate early diagnosis.

Keywords: gastric cancer, sleeve gastrectomy, transit bipartition, bariatric surgery, total gastrectomy