

Problems with a gastric band

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As the number of people having gastric bands fitted to lose weight increases, so will the number of complications associated with the procedure. A Case Report published Online First by the *Lancet* details the problems experienced by a 49-year-old woman several years after she had a gastric band fitted. The Case Report is by Dr Adam Czapran, Department of Respiratory Medicine and Coronary Care Unit, Russells Hall Hospital, Dudley, West Midlands, UK, and colleagues.

In May, 2010, the woman presented to the hospital's outpatient clinic with a 4-month history of night sweats and a persistent productive cough of green and yellow sputum. Her medical history included asthma that had not responded to treatment, and the fitting of a laproscopic adjustable gastric band in September 2008, which has seen her body-mass index (BMI) decrease from 45 at that time to 33 when she presented to hospital. A chest radiograph showed a cavity within the left upper zone, and this, combined with her night sweats, led doctors to suspect tuberculosis. However, consistently negative test results ruled this out. After further tests doctors suspected the problems were being caused by her gastric band, namely recurrent aspiration of ingested food (causing reflux down her windpipe and subsequent [lung damage](#)) and cavitation (the formation of holes in the lung, often due to infection) secondary to the gastric band fitting.

Treatment with antibiotics only provided limited relief. The patient had experienced substantial weight loss as a result of her gastric band, but as her symptoms persisted, the medical team then completely withdrew the fluid from (or 'emptied') the gastric band, at which point the woman's

symptoms quickly resolved. At last follow-up in May, 2011, her BMI was 35 and her gastric band had been cautiously refilled with no symptom recurrence.

The authors point out that the most common complications related to gastric bands are band slippage or erosion, and that lung-related problems such as those described above are rare.

However, they conclude: "These late pulmonary complications can present with asthma-like symptoms and can be misdiagnosed if not properly investigated. Patients who have undergone laparoscopic adjustable gastric banding should have chest radiography or thoracic CT scan, or both, if they present with respiratory symptoms. Withdrawal of the fluid from the band should be done as soon as possible to relieve the obstruction. Given the increasing frequency of people undergoing interventional procedures to aid weight loss, recognition of the short-term and long-term complications is paramount."

More information: Paper online: www.thelancet.com/journals/lan...
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