

Dumping Syndrome: case series of uncommon incidence following Laparoscopic Sleeve Gastrectomy (LSG)

Mohamed Elsherif¹, Fahad Hanna², Sama Abdullrazaq Asal¹, Isra Mustafa¹, Wahiba Elhag¹

¹Department of Bariatric Surgery Hamad General Hospital, Hamad Medical Corporation, Doha, Qatar

²Department of public health, College of Health Sciences, Qatar University, Doha, Qatar

Introduction

Dumping syndrome (DS), which is categorized into “early” or “late” based on the onset of symptoms, is a clinical impediment characterized by postprandial discomfort, including nausea, abdominal pain, diarrhea, feeling hot, dizziness, syncope, hypotension, palpitations, hypoglycemia and tremors, following bariatric-surgery. The condition is well known and with increasing number of operations as a treatment for morbid obesity the situation warrants additional attention provided by healthcare professionals. Data on incidence of DS following Laparoscopic Sleeve Gastrectomy (LSG) is scarce. The majority of studies have so far focused on DS post Gastric bypass surgery.

Objective

The purpose of this case series is to demonstrate the observation of early dumping syndrome in Qatari patients following Laparoscopic Sleeve Gastrectomy (LSG), to plan for and expand available treatment options



Table 1. characteristics of study population

Case no.	Age (yrs.)	Gender (M/F)	Entry weight (kg)	Post-operative Symptoms
Case # 1	34	F	115	Fatigue, weakness and syncope
Case # 2	27	F	119	Mild dizziness, diarrhea and low blood sugar
Case # 3	26	F	97	Recurrent hypoglycemia, sweating, tremors, palpitations and dizziness
Case # 4	21	F	100	Significant dizziness, sweating, fatigue and low blood sugar. Patient had existing DM and HT.
Case # 5	39	F	128	Severe hypoglycemia, severe hypokalemia, fatigue, nausea, food intolerance and abdominal cramps

Results

The majority of patients had mild-moderate symptoms with only one case presenting with severe symptoms that required hospitalization (5th patient) as blood sugar was very low (36-45 mg%) with very low potassium (2-2.5 mmol). Of the five patients, the first four responded to the diet modification with two required adding Acarbose oral tablets to control their symptoms. The fifth patient with severe symptoms had to undergo more intense therapy to control the symptoms, including administration of intravenous fluids, electrolytes correction, Acarbose, Octreotide and symptomatic treatment for abdominal pain and nausea as well as the usual diet modification and nutritional supplement.

Conclusion

DS is a serious condition and patient education should focus on raising the awareness of potential complications. providers must have the knowledge and expertise to predict and deal with such ailment that may require medication for critical cases.