# Severe stomach distension after heart-lung transplantation

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Lung transplantation has become an important procedure for patients with end stage lung disease. Combined heart and lung transplantation is limited to patients with concomitant end-stage heart failure and lung disease. Postoperative complications are mostly related to the lung allograft. Since patients with lung transplant are usually hospitalized due to lung problem, it is easy to overlook other problems that patients have. A 52-year-old female presented with five-day history of poor oral intake abdominal pain. She had been diagnosed with Eisenmenger's syndrome and pulmonary hypertension, underwent heart-lung transplantation 2 months earlier. Her body weight was 40kg, which was 49kg at the time of transplantation. She had been taking immune suppressants and prophylactic antibiotics for opportunistic infection. An abdomen radiograph(Figure1) revealed gastric distension. An abdomen-pelvic computed tomography showed marked stomach and duodenal distension, associated soft tissue mass like change involving the junction of duodenal 2nd and 3rd portion which suggested the finding of paraduodenal hernia.(Figure2). A nasogastric tube was inserted and decompression was performed. Although the patient was managed with conservative treatment for 10 days, there was little improvement. Surgical intervention was performed. Laparoscopically, small perforation was noted in the anterior wall of the stomach and proximal jejunum. After conversion to laparotomy, perforation was primarily repaired. It demonstrated duodenum was severely dilated causing another small perforation on jejunum. There was no evidence of paraduodenal hernia. The surgical finding could be related with superior mesenteric artery syndrome considering the sites of distension, however, SMA syndrome was not confirmed due to her poor general condition. She was sent to ICU after the surgery, and sent to general ward 4 days later. Due to immunosuppression, patients after lung transplantation are at high risk of gastrointestinal complications. Critically ill patients with pulmonary disease lose weight before and after transplantation,it's important to make differential diagnosis of gastrointestinal complication.

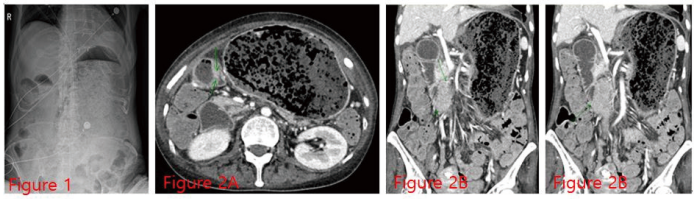


Figure 1. Ileus, marked gastric distension

Figure 2A-C. soft mass like change involving junction of duodenal second and third portion, prominent change of axis of aorta-SMA