Two years of clinical experience with the intestinal bypass arthritis-dermatitis syndrome

Sirs,

Jejunoileal anastomosis was a popular procedure to treat morbid obesity between the years 1965-1975. It is a successful method for reducing body weight, but the high rate of complications after surgery (1), make it controversial nowadays. We describe a new case of arthritis-dermatitis syndrome after a biliopancreatic bypass. The last publication of this complication was in 1991 (2). A 38-year-old woman presented in May 2004 with an intermittent monoarthritis of wrists and papulo-vesicular lesions on her arms and legs. In September 2004 she was admitted to our hospital due to polyarthritis involving the wrists, shoulders, knees and ankles, coinciding with abdominal complaints and diarrhoea. She had fever and maculopapular and pustulovesicular lesions over the trunk, arms and legs. On admission, she presented normocytic anaemia, ESR was 50 mm/h, C-reactive protein was 76.4 mgs/L (0.2-7.4), she had hypohaulbuminemia, hypocholeste-rolemia, hypocalcemia, decreased levels of iron, vitamin B12 and 1.25 dihydroxy vitamin D. Electrophoresis of serum proteins showed polyclonal hypergammaglobulinemia. Serologies for HIV, HBV, HCV, Varicella-Zoster, Herpes virus, Brucellae, Yersinia, Lyme and lues were negative. Stool culture for Salmonella, Shigella, Yersinia and Campylobacter was negative. Rheumatoid factor, antinuclear antibodies, antineutrophil cytoplasmic antibodies, antibodies to cyclic citrullinated peptides and HLA-B27 were not present. Complement levels were normal. Radiography of the thorax, hands and sacroiliac joints were normal. Echocardiography was normal. Cutaneous histopathology showed a leukocytoclastic vasculitis. A biliopancreatic bypass for morbid obesity was made three years ago. A diagnosis of arthritis-dermatitis syndrome post biliopancreatic bypass was made. She was treated with anti-inflammatory agents, with incomplete response. Antibiotic therapy with metronidazole and ciprofloxacin was tried, with variable effectiveness (1). Different antibiotic regimens have been used: tetracyclines, metronidazole, sulfasalazine was successful in other reports (2), ampicillin, cephalosporins, vancomycin, with variable effectiveness (1). The treatment includes anti-inflammatory drugs, oral steroids, antibiotics, and finally revision of the bypass procedure, with resolution of non-functional segment of the blind loop or reconstitution of the bowel (1, 4, 9). Different antibiotic regimens have been used: tetracyclines, metronidazole, trimethoprim/sulfamethoxazole or clindamycin, with variable effectiveness (1). Sulfasalazine was successful in other report (2). Antibiotic therapy resolved the symptomatology in our case, supporting the theory of bacterial overgrowth.

In summary, jejunoileal anastomosis is successful in reducing body weight, but because of the high rate of complications after this surgery (1, 10), its use should be restricted.

N. DEL VAL DEL AMO
R. IBANEZ BOSCH
C. FITO MANTECA
E. LOSA CORTINA
R. GUTIERREZ POLO
L. GARRIDO COURCEL

Rheumatology Department, Hospital de Navarra, Pamplona, Spain.

Please address correspondence to:
Natividad del Val del Amo, Rheumatology Department, Hospital de Navarra, C/ Irularrea 3, 31008 Pamplona, Spain.
E-mail: ndelvaldelamo@hotmail.com

Competing interests: none declared.

References