

**Title: How the duodenum dodged detection: A tale of anatomical trickery**

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**Abstract/Summary:**

Acute duodenal injuries are notably rare and present significant challenges in clinical detection. The advent of bariatric surgery has introduced further complexity, altering the anatomy of the upper gastrointestinal tract and potentially masking typical presentations of duodenal injuries. We present the case of a 58-year-old woman with a history of omega loop bypass, who suffered a traumatic duodenal perforation following a fall from a height of 2 meters. Despite clinical suspicion, the perforation was initially missed due to the absence of free air in the retroperitoneum, likely influenced by the altered anatomy post-bypass surgery. This case highlights the difficulty in timely diagnosis of duodenal injuries and the importance of heightened vigilance in post-bariatric surgery patients who've sustained abdominal trauma.

**Biography**

Dr. Kyle Kim, currently a surgical service registrar in Bunbury, WA, completed his medical training at the University of Western Australia in 2017. With a knack for navigating the complexities of the upper gastrointestinal tract, he's not just skilled with a scalpel—he's also known for his keen interest in UGI surgery, making him the go-to expert when things get a bit 'stomach-churning'.