

Letters to the Editor

Gastric outlet obstruction: An unusual adverse event of percutaneous endoscopic gastrostomy

Key words: Gastric outlet obstruction. Percutaneous endoscopic gastrostomy. Foley catheter.

Dear Editor,

A 75-year-old woman living in a nursing home presented with a 24-hour history of abdominal cramping and vomiting. Medical history was remarkable for dementia and a percutaneous endoscopic gastrostomy (PEG) was performed 3 years earlier. The day before the admission the feeding tube was accidentally pulled out and a Foley catheter was placed in order to avoid stoma closure. On physical examination, there was extravasation of the gastric content through the stoma. The base of the “Y” of the Foley catheter was introduced in the gastric stoma and a pulling sensation was felt when it was mobilized. The remainder abdominal examination was unremarkable.

On esophagogastroduodenoscopy the Foley catheter was identified passing the pylorus and pulling duodenal bulb towards the antrum (Fig. 1). There was no mucosal injury so the balloon was deflated and the catheter removed. A PEG tube was later placed.

Gastric outlet obstruction is an unusual adverse event of PEG tubes (1). In adults it is usually related to Foley catheters use as peristalsis can pull the balloon into the duodenum in the absence of an external bumper (1,2). A clinical picture of abdominal cramping, vomiting and resistance to the attempt of percutaneous reposition should raise the suspicion of gastrostomy tube migration through the pylorus (2). Foley catheters are easily available and some may use it to prevent gastrostomy closure after acci-

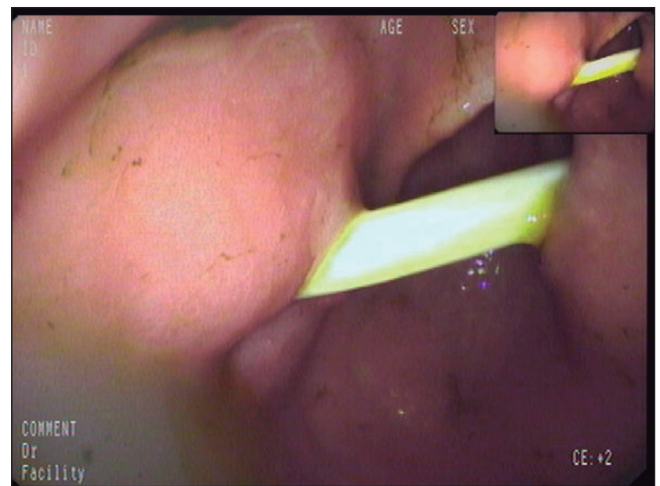


Fig. 1. Foley catheter passing the pylorus and pulling duodenal bulb towards the antrum.

dentally PEG tube extraction (3). We have performed more than 800 PEG and assisted several cases of gastric outlet obstruction and even stoma damage in this setting (3,4). This case emphasizes the importance of receiving an early PEG tube with external bumper replacement to prevent this adverse event (5).

Rita Barosa¹, Carla Santos² and Jorge Fonseca^{1,2}

¹Department of Gastroenterology. ²Grupo de Estudo de Nutrição Entérica (GENE), Enteral Feeding Team. Hospital Garcia de Orta. Portugal

References

1. Schrag SP, Sharma R, Jaik NP, et al. Complications related to percutaneous endoscopic gastrostomy (PEG) tubes. A comprehensive clinical review. *J Gastrointest Liver Dis* 2007;16:407-18.

2. McGovern R, Barkin JS, Goldberg RI, et al. Duodenal obstruction: A complication of percutaneous endoscopic gastrostomy tube migration. *Am J Gastroenterol* 1990;85:1037-8.
3. Nunes A, Santos C, Fonseca J. Gastric outlet obstruction in a patient with percutaneous gastrostomy. *Rev Gastroenterol Mex* 2014;79:56-7. DOI: 10.1016/j.rgmexen.2014.05.009
4. Pinto Marques P, Fonseca J. Obstrução duodenal secundária a gastrostomia percutânea. *GE -J Port Gastroenterol* 2006;13:157-8.
5. Kadakia SC, Cassaday M, Shaffer RT. Comparison of Foley catheter as a replacement gastrostomy tube with commercial replacement gastrostomy tube: A prospective randomized trial. *Gastrointest Endosc* 1994;40(2 Pt 1):188-93. DOI: 10.1016/S0016-5107(94)70165-2