

Title:

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DOI: 10.17235/reed.2019.5986/2018 Link: <u>PubMed (Epub ahead of print)</u>

Please cite this article as:

Sousa Mafalda, Proença Luísa, Rodrigues Adélia. What's next after failure of OTSC® for the closure of gastrostomy fistula? Another OTSC®? . Rev Esp Enferm Dig 2019. doi: 10.17235/reed.2019.5986/2018.



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CE 5986

What's next after failure of OTSC® for the closure of gastrostomy fistula? Another

OTSC®?

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Key words: Gastrostomy. Fistula.

Dear Editor,

We present the case of a 55-year-old female patient who was diagnosed with squamous cell carcinoma of the nasopharynx in 2016. Radical chemo/radiotherapy was proposed. A percutaneous endoscopy gastrostomy was performed in 2016 as the patient had difficulty swallowing. The patient had a good response to therapy with disease remission and thus, the gastrostomy tube was removed in 2018. After two weeks of conservative management, the patient maintained a gastrocutaneous fistula with extravasation of liquid contents. Endoscopic closure with over the scope closure (OTSC®) was performed. The patient remained asymptomatic for two weeks. However, the symptoms subsequently recurred. An endoscopy was performed which revealed the previously placed OTSC® with an adjacent small fistula (Fig. 1A and B). A new OTSC® centered in the fistulous hole was applied but it was difficult to center the cap due to tissue retraction and the small fistula size. A catheter was placed through the external orifice (Fig. 1C) and the tissue was suctioned into the applicator cap centered in the catheter, which was removed right before clip was fired (Fig. 1D). There was no extravasation at the end of the procedure and the patient remained asymptomatic during two months of follow-up.



Discussion

Non-healing gastrocutaneous fistulas are a recognized complication after the removal of percutaneous endoscopic gastrostomy tubes. There are several treatment options but OTSC® application is emerging as a simple and safe endoscopic treatment (1,2). The efficacy is reduced in long-lasting fistulas (1). We show a case of OTSC® failure that was resolved by the placement of a second OTSC®.

References

- 1. Singhal S, Changela K, Culliford A, et al. Endoscopic closure of persistent gastrocutaneous fistulae, after percutaneous endoscopic gastrostomy (PEG) tube placement, using the over-the-scope-clip system. Therap Adv Gastroenterol 2015;8(4):182-8. DOI: 10.1177/1756283X15578603
- 2. Heinrich H, Gubler C, Valli P. Over-the-scope-clip closure of long lasting gastrocutaneous fistula after percutaneous endoscopic gastrostomy tube removal in immunocompromised patients: a single center case series. World J Gastrointest Endosc 2017;9(2):85-90. DOI: 10.4253/wjge.v9.i2.85

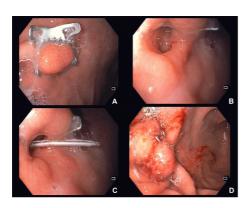


Fig. 1. A and B. A previously placed OTSC® with an adjacent small fistula. C. A catheter placed through the external orifice into the fistula. D. Final image after the OTSC® was placed in the fistula (adjacent to the previously placed OTSC®).

