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Carta 8501 inglés

Misplacement of the PEG tube through the transverse colon, an uncommon but possible complication

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Dear Editor,

Abrupt removal of the tube is a minor common complication of percutaneous endoscopic gastrostomy (PEG), due to rupture of the internal bumper or abrupt traction of the tube. Gastrocolocutaneous fistula is a rare complication due to inadvertent puncture of the transverse colon, as it is interposed between the abdominal wall and the stomach during tube placement (1). We report the case of a 52-year-old male with Wernicke-Korsakoff syndrome with severe cognitive impairment, respiratory failure and dysphagia. Thus, PEG tube placement was decided 7 months earlier under appropriate transillumination conditions, with a replacement one month previously.

Case report

A computed tomography (CT) was performed due to stool drainage through the stoma, the PEG tube was seen lodged in the transverse colon without associated pneumoperitoneum. Endoscopic management was decided due to an important morbidity. A colonoscopy was performed in which the balloon was visualized in the transverse colon (Fig. 1A). The balloon was deflated and removed through a cutaneous orifice and an Ovesco clip was placed simultaneously, achieving a complete closure of the wall defect (Fig. 1B). A good clinical evolution was achieved.

Discussion

Misplacement of the PEG tube through the transverse colon by traction is an uncommon complication, probably due to inadvertent puncture of the colon during PEG placement, resulting in gastrocolocutaneous fistula (2). Intestinal obstruction and perforation may be possible symptoms, although stool drainage through the stoma is usually the only symptom (3). In the case reported here, inadvertent puncture of the colon during PEG placement is the most likely situation. Nevertheless, no complications were observed up to 7 months after placement. This is atypical, since in the case of colonic perforation and due to the fact that the wall is very thin, the patient usually presents symptoms in the days following PEG placement due to stool passage into the abdominal cavity. Although spontaneous closure of the fistula usually happens, surgery is sometimes required, with endoscopic treatment being a less invasive and effective alternative to resolve this complication (4,5).

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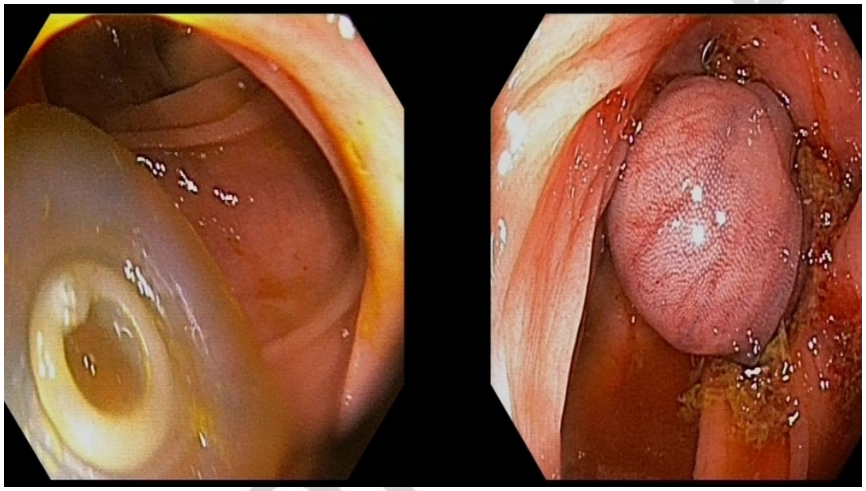

Fig. 1. A. PEG tube with the balloon lodged in the transverse colon. B. Ovesco clip used to achieve a complete closure of the colocutaneous fistula.