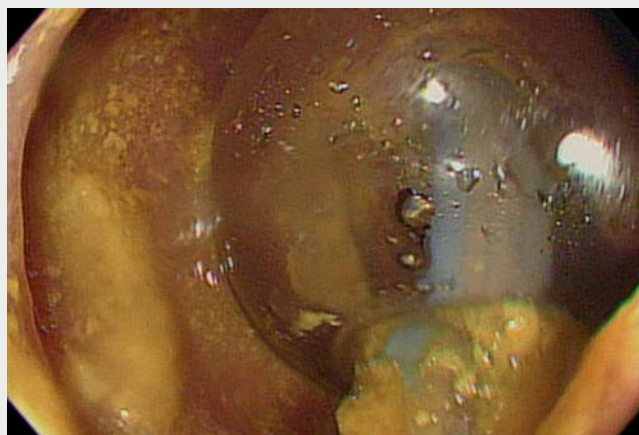


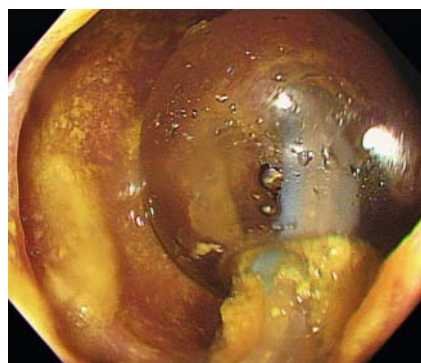
Successful endoscopic retrieval of dislodged jejunostomy Foley catheter



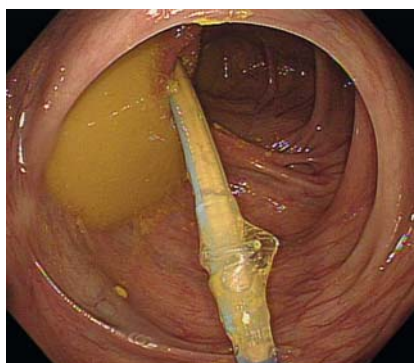
► **Fig. 1** Abdominal radiograph revealed the dislodged tube in the right lower abdomen. Proximal small bowel dilatation was observed.



► **Video 1** A jejunostomy Foley tube became dislodged and migrated as far as the terminal ileum, where it became stuck. Attempts using snare or forceps all failed to pull out the impacted catheter. We deflated the balloon after puncturing it with an injection needle and the Foley tube was successfully removed.



► **Fig. 2** Colonoscopy revealed the tip of the feeding tube in the terminal ileum with inflated balloon.



► **Fig. 3** Balloon was deflated after injection needle puncture and retracted from the ileum.



► **Fig. 4** Colonoscopic view of the retrieved catheter.

A 56-year-old man who had undergone replacement of a feeding jejunostomy secondary to esophageal cancer presented believing that his feeding tube had fallen out but he was unable to locate it in his home. He had not experienced any abdominal pain, tarry stool, intestinal obstruction, or peritonitis. Radiological examination revealed that the missing jejunostomy Foley tube had migrated into the small intestine. Endoscopy failed

to find the migrated tube, which remained stuck over the terminal ileum with proximal small bowel dilatation after 3 days (► **Fig. 1**). We decided to perform endoscopic retrieval and the migrated tube with inflated balloon was found in the terminal ileum (► **Fig. 2**). Attempts using snare or forceps all failed to pull out the impacted catheter due to adhesion resistance. We deflated the balloon after puncturing it with an injection

needle (► **Video 1**), and the Foley tube was successfully removed without resistance (► **Fig. 3**, ► **Fig. 4**).

A jejunal tube is one of the common methods for providing enteral feeding access for nutritional support [1] when the oral route is restricted or not accessible [2]. Complications of the feeding tube, which include obstruction, intussusception, and migration of the tube, are uncommon [3]. Complete migration is rare and usually requires surgical inter-

vention if bowel obstruction or peritoneal signs occur [4]. If, as in our patient, the tube is not spontaneously passed out, endoscopic retrieval should be attempted, leaving surgical removal as the last treatment option.

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Competing interests

The authors declare that they have no conflict of interest.

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