Colonic obstruction following percutaneous endoscopic gastrostomy placement

A 64-year old man with a history of chronic obstructive pulmonary disease was admitted via the emergency clinic with respiratory failure. He was intubated and hospitalized in the intensive care unit. Because of difficulty weaning him from mechanical ventilation, a tracheostomy was performed. On the 20th day of hospitalization, a percutaneous endoscopic gastrostomy (PEG) tube was inserted. Enteral feeding was initiated, but abdominal distention and vomiting occurred almost immediately. The PEG tube was found to be intact on an endoscopic examination, but abdominal computed tomography (CT) demonstrated that the PEG tube was pulling both the anterior wall of the stomach and the transverse colon up against the abdominal wall (Fig. 1). A laparotomy was performed, which showed that the total colonic obstruction was caused by the walls of the colon being pressed against each other because the PEG tube was passing through the lumen of the transverse colon. The tube was detached, and a primary repair and percutaneous jejunal tube insertion were performed. The patient died on the 5th day after surgery as a result of septicemia.

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References

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Fig. 1 Abdominal computerized tomography (CT) scan showing the transverse colon sandwiched between the stomach and the abdominal wall having been pulled up by the percutaneous endoscopic gastrostomy (PEG) tube.