Holy Foley: Iatrogenic Duodenal Obstruction From a Make-Shift Gastrostomy Tube

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INTRODUCTION

- Enteral feeding is a physiologic process of providing adequate nutrition and has been shown to improve both mortality and quality of life in patients with inadequate oral intake.
- Improved critical care medicine and recent wave of Coronavirus Disease 2019 (COVID-19) has left us with a large proportion of patients needing alternative enteral nutrition.
- Although rare, intussusception is an important differential for patients presenting with acute abdominal pain post makeshift percutaneous endoscopic gastrostomy (PEG) tube placement.

CASE PRESENTATION

- A 58-year-old male was admitted to the hospital for coffee ground emesis over three days accompanied with epigastric pain.
- He had right sided hemiparesis secondary to cerebrovascular accident with PEG tube for enteral nutrition.
- Examination was significant for epigastric tenderness with normal bowel sounds.
- PEG tube aspiration revealed bile-tinged fluid. Significant labs included white blood cell count of 11,600 /mm3, hemoglobin 10.2 g/dL, and lactic acid of 2.3 mmol/L.
- A computerized tomography of the abdomen with IV contrast showed a small segment duodeno-duodenal intussusception at the horizontal segment around the distal end of the tube was noted (Figure A).
- An urgent esophagogastroduodenoscopy (EGD) revealed a Foley catheter acting as a makeshift PEG tube extending across the pylorus into the duodenum.

IMAGES

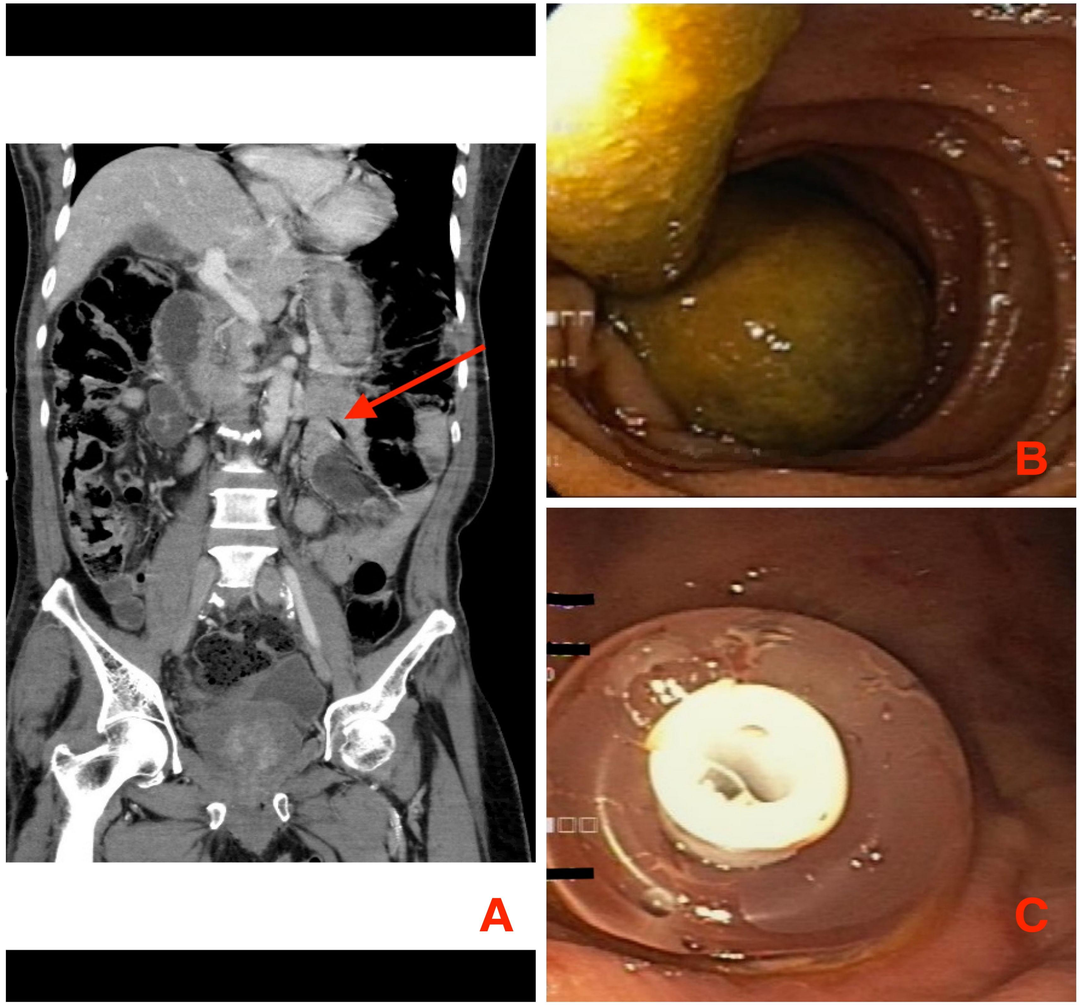

Figure A: Computerized tomography of the abdomen with IV contrast showing a small segment duodeno-duodenal intussusception at the horizontal segment around the distal end of the tube. Figure B: Esophagogastroduodenoscopy (EGD) - Distal tip of the Foley catheter was visualized with an inflated balloon seen in the third portion of the duodenum. Figure C: Esophagogastroduodenoscopy (EGD) -The balloon was deflated, and the catheter was replaced with a 20 Fr PEG tube.

- The distal tip of the Foley catheter was visualized with an inflated balloon seen in the third portion of the duodenum (figure -B).
- The inflated catheter balloon acted as a lead point causing intussusception in a ball-valve effect.
- The balloon was deflated, and the catheter was replaced (figure -C) with a 20 Fr PEG tube

DISCUSSION

- Gastric outlet obstruction is an uncommon complication reported in few cases caused by migration of the gastrostomy tube.
- Rarely this migrating gastrostomy tube can invaginate the duodenum or the jejunum causing intussusception. Only handful of cases have been reported in the literature.
- Patients usually present with epigastric pain, vomiting or rarely hematemesis. CT scan of the abdomen is the investigation of choice.
- Amidst the pandemic and supply shortage, Foley catheters have been deemed as a viable alternative to gastrostomy tubes and are being used more often.

CONCLUSION

- It is important to recognize this rare complication and use of balloon catheter should raise further suspicion.
- Timely endoscopic intervention can help avoid bowel necrosis and surgical intervention.