An unusual complication of percutaneous endoscopic gastrostomy

O. Ozutemiz, F. Tekin, N. Oruc

Department of Gastroenterology, Ege University Medical School, Izmir, Turkey.

To the Editor

A 76-year-old male stroke patient was admitted because of the dysfunction of his percutaneous endoscopic gastrostomy (PEG) feeding tube. It had been placed 13 months previously at another institute and no replacement had been needed during this time. We have decided to replace the PEG tube since the PEG catheter was severely deformed and obstructed with feed. We have performed upper gastrointestinal system (UGIS) endoscopy in order to understand the type of PEG. UGIS endoscopy revealed a peptic esophageal stricture at the 34 cm from the incisors that cannot be passed with an endoscope with a diameter of 9.2 mm. A balloon dilation for this stricture was performed using an esophageal-type controlled radial expansion dilation balloon (Boston Scientific Microvasive Corp., Massachusetts, United States) (Fig. 1a). Thereafter, it was possible to pass the stricture. There was no gastric or duodenal lesion, and it was seen that PEG tube had mushroom-like round tip (Fig. 1b). Then the tube was pulled out and a new balloon-type PEG tube was replaced percutaneously. Histopathological examination of the biopsy samples taken from the stricture revealed no malignancy.

To our knowledge, there has been no previous report on the occurrence of the peptic esophageal stricture after PEG placement. This case shows that gastroesophageal reflux after PEG placement may cause an esophageal stricture, and esophageal stricture may be a problem especially in patients with temporary PEG that will later begin to feed orally.

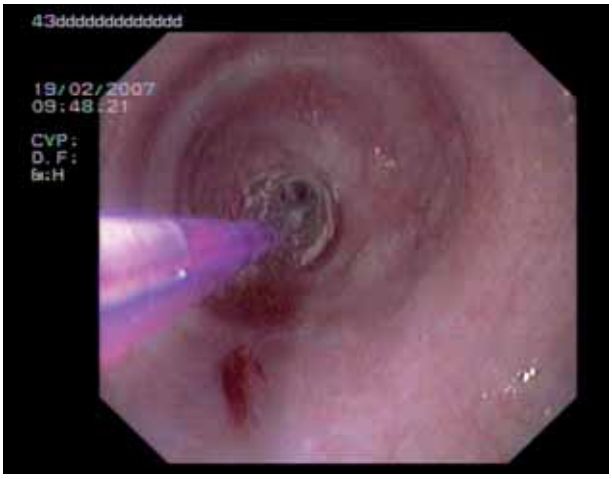

Fig. 1a. — Dilation was performed with an esophageal-type controlled radial expansion dilation balloon.

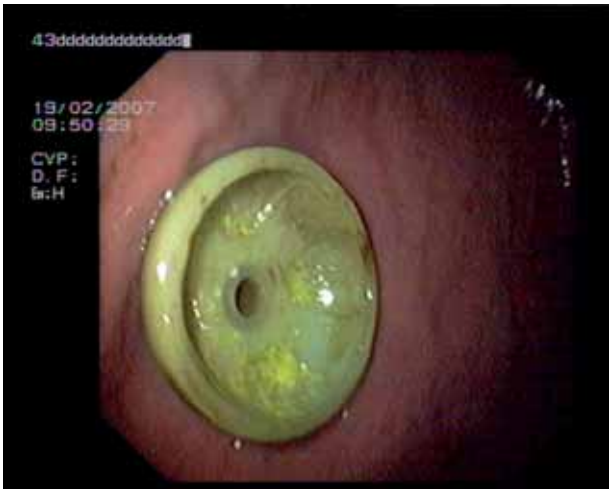

Fig. 1b. — Endoscopic view of the internal bumper with a mushroom-like round tip.

Correspondence to : Dr. Fatih Tekin, Ege Universitesi Tip Fakultesi, Gastroenteroloji Bilim Dali, Bornova 35100, Izmir, Turkey.
E-mail : drtekinfatih@yahoo.com.

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