

PICTURES IN DIGESTIVE PATHOLOGY

An immobile postsurgical nasojejunal tube: a case for King Arthur!

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CASE REPORT

A 50-year-old man with a history of schizophrenia presented to the Emergency Room with altered mental status. The patient had diffuse abdominal pain and constipation for two days. On admission, he presented with a Glasgow Coma Scale of 14. He was hemodynamically unstable and had signs of peritoneal irritation. An abdominal-pelvic computed tomography (CT) showed large volume ascites and probable hollow visceral perforation. The patient then underwent a laparotomy that revealed an anterior pre-pyloric perforated gastric ulcer. The ulcer was sutured and a nasojejunal feeding tube was positioned in the first jejunal loop. The patient progressively improved and one week after surgery an attempt was made to remove the feeding tube. Despite many attempts of removal, the tube was immovable and an upper endoscopy was performed showing that the feeding tube was stuck to a surgical suture (Fig. 1). We tried to remove the tube with biopsy forceps and a snare unsuccessfully. The suture was then cut with hot biopsy forceps and the nasojejunal feeding tube was removed (Fig. 2).

DISCUSSION

This case represents an extremely rare complication after abdominal surgery, having previously been described after a pancreatic duodenectomy (1). However, this is the first time this situation has been reported after gastric ulcer surgery. This unusual complication can be avoided by inserting the nasojejunal tube only after the suturing procedures, and the mobility of the tube should always be tested during surgery.

REFERENCES

1. De Boer NKH, Jansen A, Marsman WA. An immovable nasojejunal feeding tube. *Clin Gastroenterol Hepatol* 2010;8(6):A24. DOI: 10.1016/j.cgh.2009.09.035

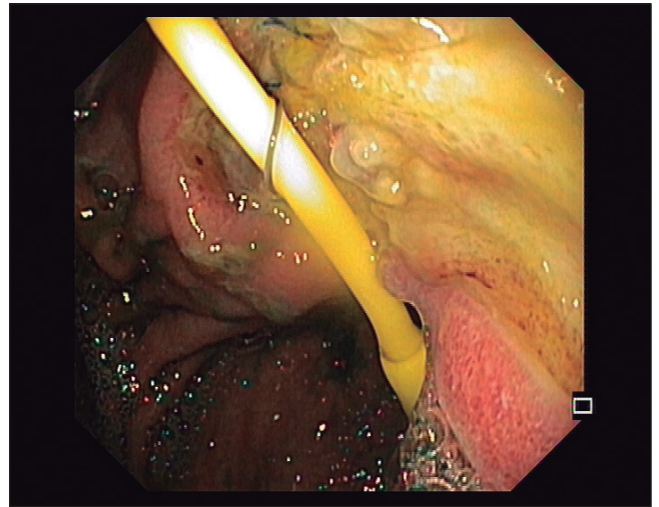


Fig. 1. Nasojejunal tube sutured to the gastric wall.

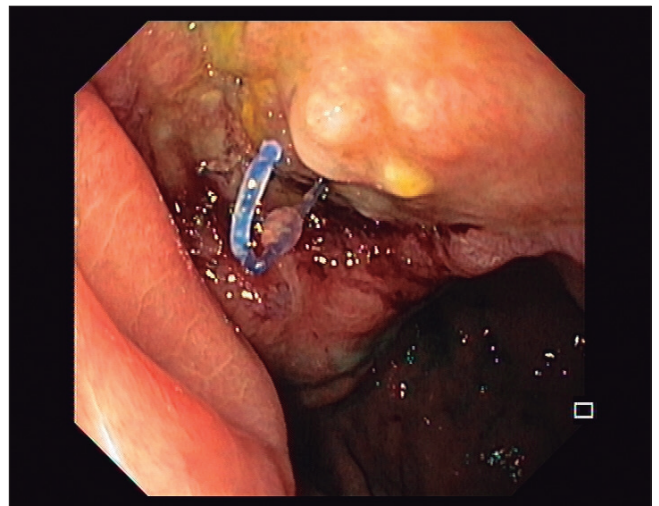


Fig. 2. Surgical suture after nasojejunal tube removal.