



Image Article

Very Rare Complication of Percutaneous Endoscopic Jejunostomy Feeding Tubes in Patients with Intestinal Dysmotility

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Introduction

Percutaneous endoscopic jejunostomy feeding tubes are necessary as a long-term solution to ensure adequate enteral nutrition in patients with certain neurological, oncological, or geriatric diseases.

The complication rates for the PEG tube are between 8-30% and for the PEJ tube are between 2%-12%. Coiling, kinking, mispositioning, occlusion, or disruption of the jejunostomy tube have been reported very frequently, but knot formation in the feeding tube appears to be rare [1].

Interestingly, we observed this rare complication of PEJ in a 74-year-old patient with severe neurological disease and recurrent aspiration pneumonia.



Figure 1: Rare complication of PEJ in a 74-year-old patient.

The patient presented to us with PEJ dysfunction. Here we saw a knotted PEJ tube after performing a gastroscopy. The PEG and PEJ tubes were removed orally and a PEG/PEJ was inserted via the existing gastrostomy without any complications. The cause of the PEJ tube tangle is not clear. However, various reasons for this have been speculated, for example, gastric motility disorder or initial mal-positioning of the Tube. In some literature, the reason for a tangled tube was described as a result of the tube being placed very low.

We suggest, that if a PEJ tube malfunctions occur, a knot in the tube should also be considered as a differential diagnosis.

References

1. Cosentini, et al. (2001) 17 KEYMLING.
2. Myers A, Thurston W, Ho CS (1997) Spontaneous knotting of a transgastric jejunostomy tube: case report. *Can Assoc Radiol J.* 48:22–24.
3. Cappell MS, Scarpa PJ, Nadler S, Miller SH. (1992) Complications of nasoenteral tubes. Intra-gastric tube knotting and intra-gastric tube breakage. *J Clin Gastroenterol.* 14:144–147.