

Gastric Outlet Obstruction and Pancreatitis Caused By Migrated Gastrostomy Tube: A Rare Scenario

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Purpose: Percutaneous Endoscopic Gastrostomy (PEG) is a very common method of enteral nutritional support. The most common indication for PEG tube placement is oropharyngeal dysphagia secondary to cerebrovascular accident, advanced dementia, and benign and malignant oropharyngeal and esophageal obstruction. Use of PEG tube feeding has increased exponentially since its introduction in 1980. Major complications of PEG include aspiration, hemorrhage, peritonitis and rarely necrotizing fasciitis and tumor implantation. Minor complications include ileus, peri-stomal infection, stomal leakage, buried bumper, gastric ulcer, fistulous tracts and inadvertent removal. We report a case of gastric outlet obstruction and pancreatitis induced by migrated PEG tube. The migrated inner balloon of the PEG-tube blocked the duodenum causing gastric outlet obstruction and obstructed Ampulla of Vater leading to acute pancreatitis. The presenting symptoms rapidly resolved after prompt diagnosis and PEG tube repositioning. **Case Report:** An 83-year-old female nursing home resident with PEG tube feeding presented with two episodes of projectile vomiting. On physical examination at the time of admission, her vital signs were within normal limit and abdominal exam was benign. Admission labs showed Amylase - 460 U/L, Lipase - 291 IU/L, Total Bilirubin - 0.3 mg/dl, Direct Bilirubin - 0.1 mg/dl, ALP - 109 IU/L, AST - 102 U/L and ALT - 80 U/L. Abdominal sonogram excluded cholelithiasis or cholecystitis. However, CT abdomen revealed gastrostomy tube's balloon migrated in the duodenal bulb. The balloon was repositioned by deflating and then reinflating. Vomiting resolved and LFTs, amylase and lipase dramatically improved. Two days after admission, labs showed Amylase - 162, Lipase - 78, ALP - 80, AST - 25 and ALT - 42. Repositioning of the external bumper at mark 3-4 as needed will prevent PEG tube migration and related complications.

Methods: NA

Results: NA

Conclusion: NA