Gastrostomy Tube-Induced Pancreatitis: A Rare Case in a Patient with Roux-en-Y Reconstruction

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INTRODUCTION

- Gastrostomy tube (g-tube) placement is not without complications
  - Wound infections, leakage, tube dislodgement, tube occlusion[1]
- Gastrostomy tube-related pancreatitis is a very rare condition with only case reports and small case series in literature
- We present the first reported gastrostomy tube-related pancreatitis in a patient with Roux-en-Y reconstruction

PATIENT PRESENTATION

- 49-year-old female presents to ED with chief complaint of acute onset epigastric abdominal pain with radiation to mid-back. Four months prior to presentation, diagnostic laparoscopy with placement of G-tube in gastric remnant for severe malnutrition.

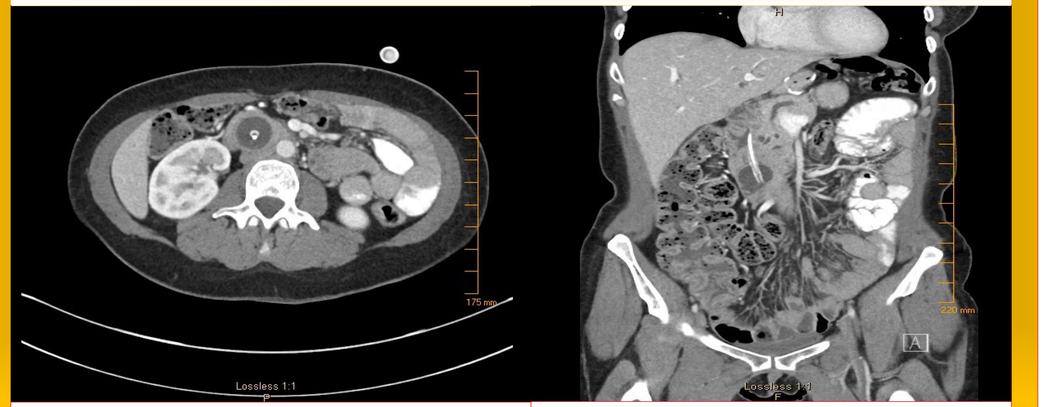
Relevant History:

- Roux-en-Y gastric bypass for morbid obesity, cholecystectomy, internal Hernia Repair
- Diagnostic laparoscopy w/ remnant G tube placement

DIAGNOSTIC EVALUATION

- **Physical Exam**
  - Hemodynamically normal, afebrile
  - Malnourished appearance
  - Abdominal tenderness to palpation in the epigastric region, radiation to mid-back
  - 20Fr gastrostomy tube noted to be at
- **Labs**
  - Lipase 1,457 units/L (reference range 60 units/L)
  - Mild transaminitis AST/ALT 187/109 (reference range 32/35)
  - Hypokalemia 3.1 mmol/L (reference range 3.5 mmol/L

IMAGING



- **Figure 1 -** Axial slice demonstrating gastrostomy tube balloon within the second portion of the duodenum
- **Figure 2 -** Coronal slice demonstrating gastrostomy tube balloon within the second portion of the duodenum

MANAGEMENT

- G-tube removed and replaced, hub secured to skin with nylon suture and tube secured to hub with Ethicon suture with balloon at appropriate depth from skin
- Pancreatitis treated with IVF, bowel rest and IV analgesia

HOSPITAL COURSE

- **Hospital Day #2** – Lipase normalized, 19 units/L
- **Hospital Day #3** – Tube feeds restarted, titrated to goal
- **Hospital Day #4** - Discharged home

DISCUSSION

- G-tube placement has become a routine, minimally invasive procedure
- Considered a safe and effective procedure, complication rates range from 4-23.8%[2]
- Major complications include hemorrhage, aspiration, peritonitis and death
- Minor complications includes inadvertent removal, leakage, ulceration, buried bumper syndrome and fistula tracts
- Pancreatitis secondary to mechanical obstruction is a rare complication, limited to case reports and series found in literature
- While exceptionally rare, pancreatitis due to pancreatic duct obstruction from G tube migration past pylorus should be considered in patients presenting with post procedure abdominal pain

ACKNOWLEDGEMENTS BIBLIOGRAPHY

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