# Dual PEG Tube Gastropexy for Gastric Volvulus in the Elderly

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## Introduction

Gastric volvulus is an uncommon cause of foregut obstruction, but can be a life-threatening condition requiring prompt diagnosis and treatment. After decompression with NGT and if a patient is hemodynamically appropriate, some have described surgical G-tube placement to provide a point of fixation to prevent future volvulus. We describe an elderly woman who underwent placement of two percutaneous endoscopic gastrostomy (PEG) tubes to prevent future mesenteroaxial gastric volvulus.

## Preoperative Evaluation

A 95-year-old woman with a past medical history of GERD and hypertension presented to her local emergency department with a 1-day history of epigastric pain, nausea, and vomiting. Her lab work was notable for a leukocytosis of 19.6, acute kidney injury, and lactic acidosis to 4.8. CT imaging was obtained and notable for mesenteroaxial gastric volvulus (Figure 1). A nasogastric tube was placed with evacuation of 2L of bilious contents and significant relief in the patient's symptoms. She was transferred to our institution and repeat lab work was much improved. A family meeting was held and the patient and her family did not want major surgery, but were amenable to PEG tube placement. Given her mesenteroaxial volvulus, we felt that single point fixation would not adequately prevent against recurrent volvulus and it was thought that two points of fixation would better prevent future volvulus.




Figure 1



Figure 2

## Operative Technique

The EGD scope was introduced. The stomach was markedly dilated consistent with the disease process of gastric volvulus. There were signs of both esophagitis and gastritis. We examined the entirety of the stomach which encompassed much of the anterior abdominal wall. We chose two locations for PEG tube gastropexy as far left and as far right as possible on the anterior abdominal wall. Two 20Fr pull PEG tubes were then placed in the usual fashion.

## Postoperative Course

The patient recovered well after placement of her PEG tubes. The tubes were kept to gravity drainage overnight and her diet was then rapidly advanced. Discharge was delayed by need for further physical therapy, but she was discharged on postoperative day five on a soft diet.

## Conclusion

Mesenteroaxial gastric volvulus is an uncommon cause of bowel obstruction. We describe placement of dual PEG tubes as another surgical option for treatment in the elderly and those with significant comorbidities.