IMAGE OF THE ISSUE

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Asymptomatic Small Bowel Loop Interposition during Direct Percutaneous Endoscopic Jejunostomy Placement

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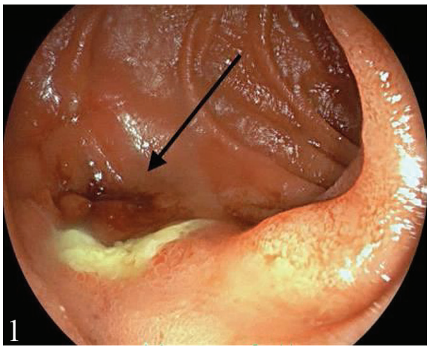

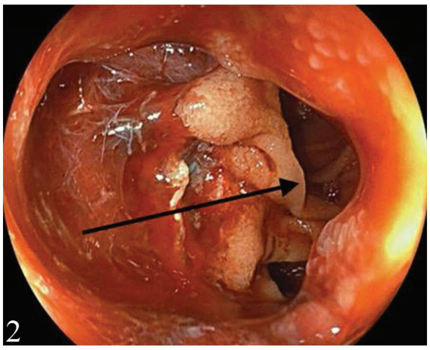

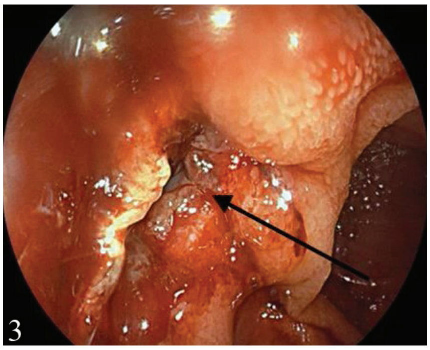

A 70-year-old male with a locally-advanced pharyngeal squamous cell carcinoma and history of subtotal gastrectomy was referred for enteral access. Direct percutaneous endoscopic jejunostomy (PEJ) placement was performed by using a pediatric colonoscope with the "pull" technique, without complications. Enteral feeding was started with no signs of leakage or malfunction, and the patient discharged.

Eight months later, the device was removed due to full oral intake regain after malignancy clearance. Resistance during external traction prompted endoscopic evaluation, which revealed an ulcerated fistulous orifice in the efferent limb (Fig. 1, black arrow) leading to another jejunal loop (Fig. 2, black arrow) where the internal bumper of the direct PEJ tube was migrated. The jejunal-cutaneous fistula was visible from the interposed small bowel loop interposed during the direct PEJ placement (Fig 3. black arrow). A rare diagnosis of asymptomatic small-bowel loop interposition was made. The device was retrieved endoscopically without further complications. Oral feeding was safely resumed within hours. After 1 month, the patient was well.

Direct PEJ allows long-term enteral nutrition in patients with contraindications to gastric feeding, including prior gastrectomy [1, 2]. A recent meta-analysis reported technical and clinical success rates of direct PEJ placement of 86.6% and 96.9% [3]. Most frequent complications include bleeding, perforation and fistula infection. Bowel interposition during endoscopic jejunostomy or gastrostomy placement is rare but usually symptomatic [4]. Considering the mobility of the jejunum, a higher risk of bowel interposition during the direct PEJ placement may be hypothesized. The present case-report suggests that even potentially severe complications such as small-bowel interposition may remain clinically silent. Nonetheless, simultaneous fluoroscopy or ultrasound guidance may help to prevent this particular issue, ensuring a tailored and safer device placement.

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