

Cutaneous gastrocolic fistula as a complication of percutaneous endoscopic gastrostomy

Pedro Imbeth-Acosta¹, Mario Pineda², Zulay Mondol-Almeida², Alejandro Blanquicett³, Kevin Llanos-Almario², and Maria Cristina Martinez Avila⁴

¹Nuevo Hospital Bocagrande

²Universidad del Sinu Elias Bechara Zainum Facultad de Ciencias de la Salud

³Corporación Universitaria Rafael Nuñez

⁴Rosario University

November 24, 2021

Abstract

Gastrocolic fistulas represent a serious but rare complication of Percutaneous endoscopic gastrostomy (PEG). A 90-year-old male with multiple comorbidities and high preoperative risk develops one. He was successfully treated with expectant management.

Cutaneous gastrocolic fistula as a complication of percutaneous endoscopic gastrostomy

Pedro Luis Imbeth-Acosta¹, Mario Pineda², Zulay Mondol-Almeida², Alejandro Blaquicett³, Kevin Llanos², María Cristina Martínez-Ávila^{4*}

¹ Department of Gastroenterology. Nuevo Hospital Bocagrande. Cartagena, Colombia

² Department of Internal Medicine. Universidad del Sinú. Cartagena, Colombia

³ Department of Internal Medicine. Corporación Universitaria Rafael Núñez. Cartagena, Colombia

⁴ Department of Epidemiology. Nuevo Hospital Bocagrande. Cartagena, Colombia

Correspondence author: María Cristina Martínez-Ávila. *Cristina.martinezavila@gmail.com*

Key Clinical Message: Gastrocolic fistulas could be fatal in determined patients, surgical treatment is usually offered. However, conservative therapeutic strategies are also to be considered specially in high-risk patients.

Abstract: Gastrocolic fistulas represent a serious but rare complication of Percutaneous endoscopic gastrostomy (PEG). A 90-year-old male with multiple comorbidities and high preoperative risk develops one. He was successfully treated with expectant management. **Key words:** gastrocolic fistulas, gastrostomy, complication

Case description: A 90-year-old male with dependence for basic activities due neuromotor sequelae of cerebrovascular accident, presented with 24-hours history of tonic-clonic seizures and fever. Chest X-ray revealed an infiltrate in the upper lobe of the right lung. He was diagnosed with bronchial-aspiration pneumonia and oropharyngeal dysphagia. Percutaneous endoscopic gastrostomy (PEG) was performed. 12 hours after the procedure, pain and abdominal distension began, showing an area of peristomal induration. Abdominal-CT (Figure 1) reveals pneumoperitoneum, gastrostomy catheter through the transverse colon located in the

gastric lumen (gastrocolic fistula). Even though the high-risk, conservative treatment was maintained expecting the formation of a fistulous tract and antibiotic was prescribed. His condition gradually improved, until complete resolution was achieved.

PEG is a minimally invasive technique used for permanent enteral feeding¹. Gastrocolic fistulas represent a serious but rare complication of PEG associated with a high morbimortality rate². They can be asymptomatic, present diarrhea, abdominal pain, distension, fecaloid vomiting, peritonitis. CT allows visualization of the fistula¹. Treatment consists in resection of the fistula and surgical gastrostomy. High-risk patients deserve individualized management, which may even reduce the need for surgical intervention; timely referral to a specialized center has repercussions on the evolution and prognosis².

Acknowledgements Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy

Conflict of interest

No competing interests to declare.

Author contributions AB and MCMA: drafted the manuscript. ZMA and MP: revised the manuscript. PLIA: treated the patient. All authors read and approved the final version and agree to be accountable for all aspects of the work.

Ethical approval

The authors declare no funding was received for this research. No patient identifying data has been released in the article.

Bibliography1. Kurien M, McAlindon ME, Westaby D et al. Percutaneous endoscopic gastrostomy feeding. BMJ 2018; 340: 1074-1078. 2. Martinez-Ordaz JL, Luque-de-Leon E, Suarez-Moreno RM et al. Postoperative enterocutaneous fistulas. Gaceta Medica de Mexico 2020; 139 (2).

