

Gastric Hemorrhage Caused by Pressure from a Gastrostomy Catheter Bumper

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An 89-year-old woman, who had a medical history of dysphagia due to advanced Alzheimer's disease, was referred to the author's department with melena and anemia (hemoglobin level 5.7 g/dL). Forty-eight days previously, the patient underwent percutaneous endoscopic gastrostomy (PEG) using a bumper-button-type catheter (Ideal Button, Olympus, Tokyo, Japan). Emergency esophagogastroduodenoscopy (EGD) revealed an exposed vessel with active oozing at the site of contact with the internal PEG catheter bumper (Fig. 1A-C). Endoscopic ethanol injection was performed to control hemorrhaging, and a tube-type catheter

(Neofeed Gastrostomy Tube, Top, Tokyo, Japan) was replaced with sufficient length for the prevention of contact rebleeding (Fig. 1D). In addition, parenteral nutrition and intravenous administration of a proton pump inhibitor (lansoprazole 30 mg twice-daily) were started. One week later, a follow-up EGD confirmed the disappearance of the exposed vessel (Fig. 2); thus, enteral nutrition was restarted.

PEG enables long-term enteral nutrition and has been widely used especially for geriatric patients in an increasingly aging society.¹ Although PEG is a well-tolerated procedure, several complications include hemorrhage, dis-

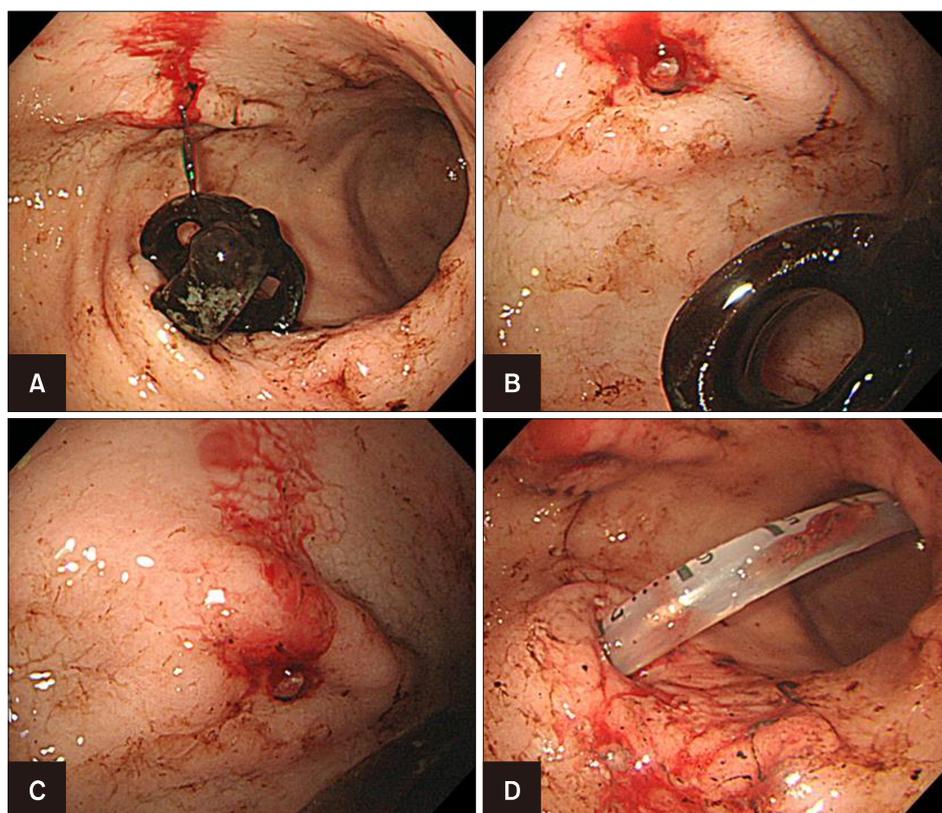


FIG. 1. (A-C) Endoscopic view of an exposed vessel with active oozing at the site of contact with the internal gastrostomy catheter bumper. (D) Replacement of a tube-type catheter with sufficient length after endoscopic ethanol injection.

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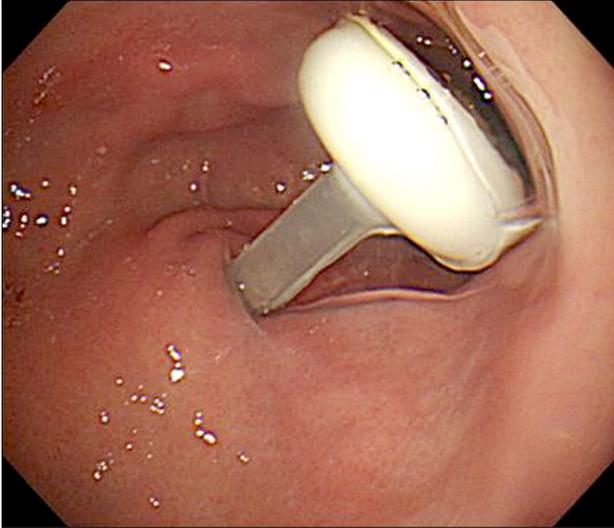


FIG. 2. Endoscopic view of the disappearance of the exposed vessel.

lodgement, perforation, and peritonitis. Particularly, hemorrhage from the gastrocutaneous fistula is a common complication of PEG, whereas upper gastrointestinal bleeding caused by pressure from a gastrostomy catheter bumper or balloon is less likely to occur.² However, active bleeding

from an exposed vessel can be fatal. Physicians should take into account removal and placement of the gastrostomy catheter in a different location.³ Furthermore, replacement of a gastrostomy catheter with a low-profile internal bumper can be effective in the treatment of this complication.³

CONFLICT OF INTEREST STATEMENT

None declared.

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