

Prolapse of a feeding jejunostomy

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Ann Saudi Med 2016; 36(4): 300-301

DOI: 10.5144/0256-4947.2016.300

Feeding jejunostomy is an excellent option for nutritional support.¹ A 19-year-old female reported to the emergency department with a history of corrosive ingestion. After initial resuscitation, a Stamm feeding jejunostomy was created for nutritional support. Feeds were started on the 3rd postoperative day and she tolerated them well.

She reported back to the emergency 27 days after the procedure with prolapse of the feeding jejunostomy (**Figure 1**) that had occurred the day before when the patient was coughing. The prolapsed part was edematous and did not show any features of ischemia or ulceration. The patient was resuscitated and hypertonic saline soaked packs were kept over the prolapsed gut. However all these conservative attempts at reducing the prolapse proved futile. Emergency surgery was performed. After a formal laparotomy, the prolapse

was reduced and the feeding tube was removed. The enterotomy of the feeding tube was closed and a new Stamm jejunostomy was created distal to the original one. The patient is followed up regularly and was doing well at the time of writing.

Prolapse of feeding jejunostomy in association with changing of the feeding tube has been reported previously,² but in our case it occurred spontaneously without any intervention. Other unusual complications that have been reported with feeding jejunostomy are knotting and enteral migration of the tube.^{3,4} Once such complications occur, we believe that it is prudent to revise the jejunostomy as conservative methods usually fail.

Consent

Written and informed consent taken from the patient for this publication.



Figure 1. Edematous and prolapsed jejunum. The patient had tied a ribbon gauze around the Foley's catheter to prevent it from migrating inside.

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