Colocutaneous Fistula after Percutaneous Endoscopic Gastrostomy

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Dear Sir,

Percutaneous endoscopic gastrostomy (PEG) was first introduced by Gauderer et al. [1] in 1979 for enteral feeding. Since then, PEG has become a widely accepted method because of its safety and convenience. As this procedure becomes more common, however, numerous complications have been described.

A 74-year-old man with a cerebral infarction and Parkinson disease had a PEG tube inserted at our hospital. The procedure was uneventful and the PEG functioned normally. Six months after the PEG insertion, he was admitted to our hospital because fecal material was observed in the gastrostomy tube. A gastrografen study revealed that the tube had been mispositioned in the colon (fig. 1). Colocutaneous fistula was diagnosed.

Colocutaneous fistula, which is a rare complication of PEG [2], is thought to be formed during the insertion of the original PEG tube when the colon becomes interposed between the stomach and the abdominal wall. The fistula initially functions normally and can remain asymptomatic for several months. The transverse colon is often tightly compressed but not completely obstructed, enabling feces and flatus to pass. Such colocutaneous fistulas often remain asymptomatic until the tube is exchanged; in the present case, however, the patient exhibited symptoms prior to the replacement of the gastrostomy tube.

In conclusion, we have reported a patient who developed a colocutaneous fistula after the insertion of a PEG. Colocutaneous fistula is a rare but important complication of PEG.

Fig. 1. A gastrografen study performed through the gastrostomy tube enabled the colon to be visualized.

References

- 1 Gauderer MW, Ponsky JL, Izant RJ Jr: Gastrostomy without laparotomy: a percutaneous endoscopic technique. *J Pediatr Surg* 1980;15:872–875.
- 2 Smyth GP, McGreal GT, McDermott EW: Delayed presentation of a gastric colocutaneous fistula after percutaneous endoscopic gastrostomy. *Nutrition* 2003;19:905–906.