Endoscopic clipping for gastric perforation caused by excessive pulling of the tube durin PEG

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Introduction: Pneumoperitoneum after percutaneous endoscopic gastrostomy (PEG) tube placement is well established as a frequent and benign complication. Severe complications, like perforation, occur in less than 0.3% of cases. Herein, we describe a patient who underwent endoscopic clipping for gastric perforation at the puncture site associated with excessive extraction of the tube during PEG tube placement.

Case: A 66-year-old male with a history of myocardiac infarction was admitted to our hospital for cardiac arrest. Cardio-pulmonary resuscitation caused the return of spontaneous circulation. On hospital day 50, the patient underwent PEG tube placement using the "pull" technique. Vital signs of the patient were stable during and after the procedure. However, the patient showed fever 5 hours after the procedure and chest radiograph revealed a small amount of free air beneath the right diaphragm. On physical examination, the abdomen was soft and non-tender. After consulting with a general surgeon, close monitoring was recommended while using intravenous antibiotics until resolution of the pneumoperitoneum. Three days after PEG tube placement, laboratory findings revealed the following: WBC count, 14370/㎣; hemoglobin level, 11.0 g/dL; platelet count, 307000/㎣; CRP, 15.46 mg/dl, and prothrombin time-INR, 1.76. On day 5 after PEG tube placement, fever had subsided. On day 8, the pneumoperitoneum was resolved on chest radiograph and laboratory findings had improved. Fourteen day after PEG tube placement, tube feeding was started.

Conclusion: Proper management of PEG-related complications is critical to ensuring successful outcomes. If the patient has stable vital signs, an immediate endoscopic intervention could be effective in treating gastric perforation at the PEG tube insertion site caused by excessive pulling of the tube during PEG tube placement.