Angiocatheter Guided Closure of Gastrocutaneous Fistula Tract in the Absence of Fluoroscopy

Travis Magdaleno MD
Lehigh Valley Health Network, travis.magdaleno@lvhn.org

Hiral N. Shah MD
Lehigh Valley Health Network, hiral_n.shah@lvhn.org

Shashin Shah MD
Lehigh Valley Health Network, Shashin.Shah@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/medicine
Part of the Gastroenterology Commons, and the Medical Sciences Commons

Published In/Presented At
Gastrocutaneous fistulas (GCF) have been a well recognized complication following the removal of percutaneous gastric feeding tubes.

Continuous drainage of gastric acid onto the surrounding skin produces extreme pain and irritation for these unfortunate patients. No universally accepted method of repair exists. Reported strategies range from simple external sutures to radical gastrectomies. Endoscopic repair has recently become of great interest as it is less invasive with case studies reporting promising results.

We describe a unique case in which a GCF was endoscopically closed using an Ovesco OTSC® with guidance from an externally inserted angiocatheter in the absence of fluoroscopy.

The patient is a 65-year-old female with a history of a large right CVA 1 year ago resulting in residual deficits including left sided hemiplegia and chronic dysphagia resulting in severe malnutrition. Her dysphagia has been managed with enteral feedings via percutaneous tube feeds. Since her CVA, she had undergone 8 feeding tube exchanges due to recurrent obstructions including a recent replacement via new tract 6 months ago due to malpositioning. Unfortunately her previous tract did not close and she subsequently developed a GCF. Following failed conservative measures, and deemed too high-risk for surgical repair, endoscopic closure was pursued.

Angiographic Guided Closure of Gastrocutaneous Fistula Tract in the Absence of Fluoroscopy

Angiocatheter Guided Closure of Gastrocutaneous Fistula Tract in the Absence of Fluoroscopy

REFERENCES:


ENDOSCOPIC INTERVENTION

- EGD revealed a small area of erythema within the gastric antrum suggestive of the internal orifice (Figure 1) however certainty was questioned.
- To confirm, a 22-gauge angiocatheter was percutaneously inserted through the GCF and endoscopically confirmed to enter the gastric antrum (Figure 2).
- Using the angiocatheter as a target, a 12/6 GC Ovesco OTSC® was positioned over the catheter and deployed (Figure 3).
- No complications were encountered. Cessation of cutaneous gastric output was noted the following day with documented dermal healing 3 days later.

CONCLUSIONS

- GCF is an unfortunate complication of percutaneous gastric feeding tubes resulting in significant morbidity. In patients who fail conservative therapy with acid suppression, surgical intervention is often indicated.
- However in patients deemed too high surgical risk, closure attempt with endoscopic repair should be considered.
- Recent case studies have reported excellent outcomes with endoscopic approaches.
- We have described a unique method of endoscopic intervention in patients with a GCF with a discrete gastric orifice without the use of fluoroscopy.
- Given the relative low risk with potential cure, endoscopic repairs should be consider first-line intervention for GCFs.

CASE BACKGROUND

- The patient is a 65-year-old female with a history of a large right CVA 1 year ago resulting in residual deficits including left sided hemiplegia and chronic dysphagia resulting in severe malnutrition.
- Her dysphagia has been managed with enteral feedings via percutaneous tube feeds.
- Since her CVA, she had undergone 8 feeding tube exchanges due to recurrent obstructions including a recent replacement via new tract 6 months ago due to malpositioning.
- Unfortunately her previous tract did not close and she subsequently developed a GCF.
- Following failed conservative measures, and deemed too high-risk for surgical repair, endoscopic closure was pursued.

INFORMATION

© 2017 Lehigh Valley Health Network

610-402-CARE LVHN.org