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Letter to Editor

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Knotted nasogastric catheter

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1. Letter to Editor

A 64-year-old male patient called the emergency medical service with complaints of respiratory distress and high fever. He was brought to our clinic by the emergency medical service by ambulance. In the ambulance, ventilation was performed with a balloon mask for 10 minutes due to hypoxia. With balloon mask ventilation, his saturation was 70. endotracheal intubation was performed. The patient with a history of coronary artery disease was using 100 mg acetylsalicylic acid per day. It was learned from his anamnesis that the patient, who had cough and high fever for three days, had respiratory distress for one day. Vital parameters after intubation were arterial blood pressure 65/40 mmHg, pulse 96/minute, and temperature 38.3°C. On physical examination, Glasgow coma score was 5 (E1, M2, V2). There was widespread crackles in the right lung to the respiratory examination. There was distension in the abdominal examination. Among the laboratory parameters, leukocyte was measured as 18 000/µl, neutrophil as 10 500/μL, C-reactive protein as 81 mg/L. Other hematological and biochemical parameters were normal. Computed tomography of the thorax showed extensive consolidation and air bronchograms on the right lung. Empirical antibiotic therapy was initiated. During the nasogastric catheter application, it was noticed whether the tube encountered resistance and not progressed. When the tube was pulled out, it did not come. It was found that the end of the tube formed a very interesting knot when the oropharynx was controlled and pulled through the mouth with the help of a forceps (Fig. 1 and 2).

Nasogastric catheter is used for purposes such as cleaning out the contents of the stomach, preventing aspiration in unconscious patient and providing nutrition (1). Complications may be encountered in nasogastric tube applications (2). Knotting of the tube is a rare condition that may be encountered. It should be considered when resistance is encountered in advancing or withdrawing the nasogastric tube.



Fig.1. The knotted nasogastric tube.



Fig.2. The knotted nasogastric tube.

Reference

- 1. Gülsoy Z, Karagözoğlu Ş, Kol İÖ. Nazogastrik Tüpte Oluşan Düğüm: Olgu Sunumu. Turk J Intensive Care. 2019;17:172-5.
- Özdemir S, Öztürk TC, Öcal O, Metiner Y, Onur ÖE. Nazogastrik sonda malpozisyonu: Olgu sunumu. Turk Aile HekDerg. 2015;19(3):162-4.