

Buried bumper syndrome treated with Savary-Gilliard dilator

Buried bumper sendromunun Savary-Gilliard bujisi ile tedavisi

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Percutaneous endoscopic gastrostomy is a safe and effective method for providing long term enteral nutrition in patients who cannot swallow, but who have intact gut function. A complication of migration of the internal bumper into the gastric or abdominal wall, called buried bumper syndrome, may happen in some patients. We report a rare case of buried bumper syndrome successfully treated with a Savary-Gilliard dilator.

Key words: Buried bumper syndrome, Savary-Gilliard dilator

Perkütan endoskopik gastrotomi, normal bağırsak fonksiyonları olan, ancak değişik nedenlerle yutamayan hastalarda uzun dönemli beslenmeyi sağlama da etkin ve güvenilir bir yöntemdir. Bazı hastalarda gastrotomi tüpünün mide duvarı içine ilerlemesi sonucu nadir görülen bir komplikasyon olan buried bumper sendromu görülebilir. Burada buried bumper sendromu olan ve Savary-Gilliard bujisi ile başarılı bir şekilde tedavi edilen bir hastayı sunuyoruz.

Anahtar kelimeler: Buried bumper sendromu, Savary-Gilliard dilatatör

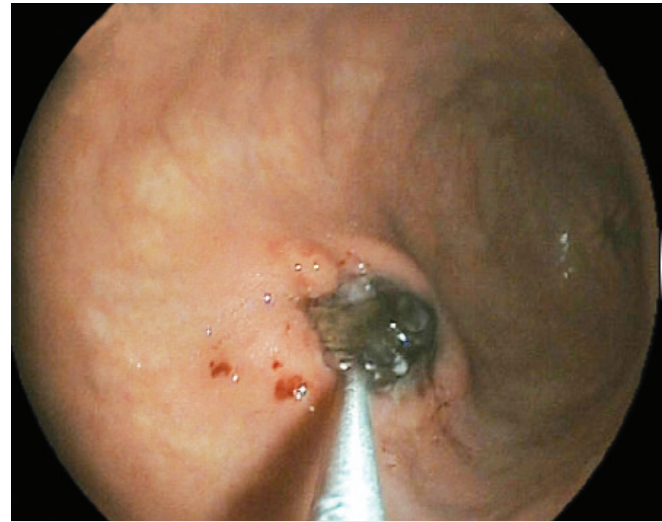
INTRODUCTION

Percutaneous endoscopic gastrostomy (PEG) is a safe and effective method for providing long term enteral nutrition in patients who cannot swallow, but who have intact gut function (1,2). A complication of migration of the internal bumper into the gastric or abdominal wall is called “buried bumper syndrome” and was described (BBS) by Klein et al (3). Surgical and endoscopic treatments are performed to treat BBS. Although, endoscopic techniques vary, treatment with Savary-Gilliard dilator (SGD) is a rarely used method (4,5). Here we report a case of buried bumper syndrome successfully treated with SGD, which included the placement of a new PEG tube.

CASE REPORT

A 72 years old male patient who had a PEG tube for 4 years was admitted to our hospital for a week due to a nonfunctional PEG tube. The patient had a 4-year medical history of amyotrophic lateral sclerosis (ALS). He had a tracheostomy and was on home mechanical ventilation due to respiratory failure. Physical examination revealed erythema and swelling at the PEG insertion area. It was not possible to move the PEG tube, or to inject water into it. Endoscopic examination revealed BBS (Figure 1). The bumper could not be removed

with snare and traction. Surgical removal was planned but due to the patient’s high-risk situation, endoscopic treatment was performed. We pushed the buried tube into the stomach using 15 mm Savary-Gilliard Dilator (Figure 2), and then removed the bumper using a snare. After the removal, a new PEG tube was placed in a different area of the stomach (Figure 3). There were no complications related to the procedure.



Resim 1. A sunken feeding bumper found during endoscopic examination.

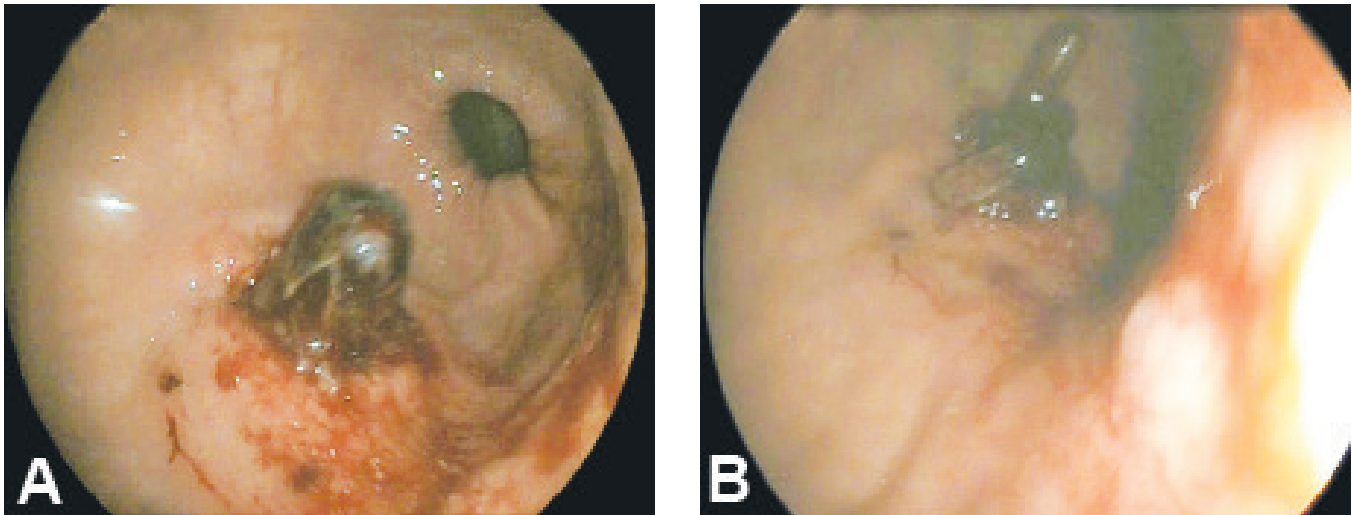


Figure 2. The internal bumper is displaced into the stomach by passing a Savary-Gilliard dilator.

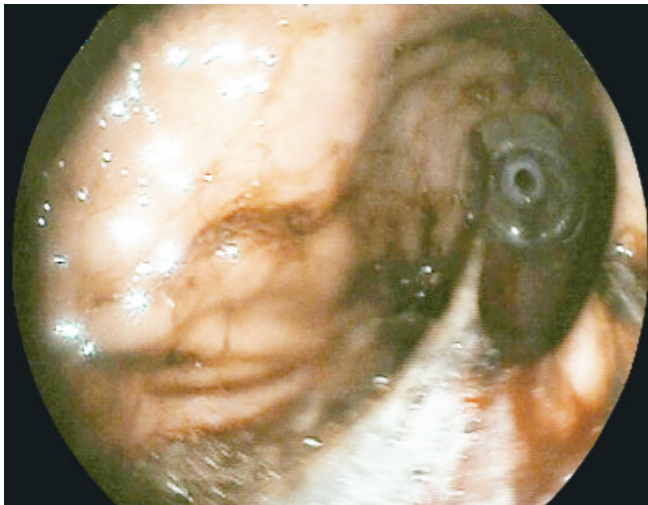


Figure 3. New PEG tube was placed into a different area of stomach.

DISCUSSION

BBS is a rare, serious, and late complication of PEG insertion, with a prevalence ranging from 0.3% to 2.4% (4). Several endoscopic treatment options may be used for BBS, but there is no standardized method. Endoscopic treatment should be used in high risk patients. We think that endoscopic treatment with SGD is an easily applicable, effective and safe method for the removal of a PEG tube.

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