

CASE REPORT

Migration of Foley's catheter in distal loop of ileum during feeding jejunostomy: A case report

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Abstract:

Enteral migration of foley's in small bowel causes obstruction and is one of the rare reported complications of feeding jejunostomy hence for cases like penetrating injuries primary repair is indicated for safer outcomes.

Case Report:

Here, we present a male patient of 25 year old with a history of proximal jejunostomy which was performed at a peripheral hospital. When the patient presented to us he was extremely emaciated and wasted, we admitted the patient performed CT scan and located the position of foley's catheter in distal loop ileum. Reversal of stoma was planned along with removal of foley's and thus the patient is successfully managed.

Keywords: Feeding jejunostomy, foley's catheter in distal loop ileum, stoma reversal, primary repair.

Introduction:

Feeding jejunostomy is the widely accepted procedure for enteral feeding. However, Foley feeding catheter migration into small bowel is one of the rare complications of enteral feeding which is rarely reported.

A stoma is formed by transferring a loop of small bowel to the surface of the abdomen. A feeding jejunostomy tube or foley's catheter can subsequently passed and enched to the abdominal wall which can be used for feeding purpose, till the patient regain weight.

The case reported here describes a male patient of 25-year old who has proximal feeding jejunostomy which was performed for malnourished state.

Case Presentation:

A 25-year old male patient with a history of stab wound in the abdomen. He was operated at peripheral hospital within 24 hours of the stab

wound. The patient had multiple injuries to the small and large bowel. The injuries were repaired and the proximal loop jejunostomy was fashioned.

Due to loop jejunostomy patient had massive weight loss, as the patient was extremely emaciated so before reversal his loop jejunostomy it was decided to improve the nutritional status of the patient by placing a foley's catheter in distal loop and put the patient on enteral feeding.

Accidentally, the foley's catheter later migrated to the distal loop of ileum. The enteral feeding thus was stopped because of the fear of drastic obstruction and related consequences.

This patient presented to our hospital in extreme cehectic stage weighing only 27-kgs.

We improved the nutritional state of the patient by putting the patient on par enteral nutritional. We perform CT with gastrograffin follow

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through via the jejunostomy. The CT finding was the foley's catheter was found in the distal loop of ileum.

After improving electrolyte and nutrition status of the patient by regrious fluid and par enteral nutrition the patient was submitted to laparotomy and removal of foley's cathetor and closure of jejunostomy.

The patient had smooth recovery and was allowed home at 4th post-operative day

Discussion:

Proximal Loop Jejunostomy is not the preferred method of treatment for a stab wound abdomen which in our patient was performed at another hospital setup.

Following the procedure the patient did not recover well and has undergone massive weight loss as a complication of the procedure. Whatever the patient takes orally was coming out via jejunostomy. Therefore foley's cathetor was placed via jejunostomy to provide enteral nutrition inspite of all effort patient kept on lossing weight and on one morning the clinician noted that foley's catheter was migrated distally and lodged in the distal ileum the patient was referred to our hospital. This migration of foley's catheter is rarely seen.

In this case the foley's cathetor was lodged in the distal loop of ileum. When the patient came to us he was 27-kgs of weight. We performed a CT scan of abdomen with gastrograffin which showed the foley's catheter lodged in the distal ileum.

We focused our attention to improve the nutritional status of the patient, we placed central line and started Total Parenteral Nutrition (TPN).

Patient showed a lot of improvement he was subjected to laparotomy revomal of foleys cathetor from distal ileum and closure of the ielostomy.

Patient had a smooth recovery and allowed to go home at 4th post-operative day.

Conclusion:

In conclusion, the migration of foley's catheter in distal loop of ileum is rarely seen there is only 1-case reported in Pakistan.

We recommend that instead of making proximal jejunostomy, primary repair should be performed to avoid such complications.

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Role and contribution of authors:

Dr Abdullah Muttaqi, critically review the article and made final changes.

Dr Asif Ali Syed, data collection and helped in introduction writing and also critically review the article

Shazaf Masood Sidhu, data collection and helped in discussion writing.

Sidra Naeem Siddiqui, collection of references and tabuation of data.

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