Title
Mal-positioned Gastrojejunostomy Tube

Permalink
https://escholarship.org/uc/item/6h56909s

Journal
Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 16(7)

ISSN
1936-900X

Authors
Lahham, Shadi
Assaf, Samer
Fairley, Romeo

Publication Date
2015

DOI
10.5811/westjem.2015.9.28562

License
CC BY 4.0

Peer reviewed
Mal-positioned Gastrojejunostomy Tube

Shadi Lahham, MD, MS
Samer Assaf, MD
Romeo Fairley, MD
University of California, Irvine, Department of Emergency Medicine, Irvine, California

Section Editor: Sean O. Henderson, MD
Submission history: Submitted September 1, 2015; Accepted September 3, 2015
Electronically published December 1, 2015
Full text available through open access at http://escholarship.org/uc/uciem_westjem
DOI: 10.5811/westjem.2015.9.28562

CASE REPORT

A 41-year-old female presented to the emergency department with nausea, vomiting and foreign body sensation in her throat. The patient had multiple co-morbidities including hypertension, diabetes, cervical cancer and gastroparesis with gastrojejunostomy (GJ) tube. The patient had stable vitals, was in no respiratory distress, and her only complaint was mild throat pain and abdominal pain at the GJ tube insertion site. Physical exam revealed a foreign object in the oropharynx (Figure 1). Abdominal exam showed a soft, non-distended, non-tender abdomen with GJ-tube and colostomy in place. Abdominal series and upright chest radiograph were obtained (Figure 2).

DIAGNOSIS

Mal-positioned GJ tube. Oral exam showed the distal end of the GJ tube protruding into the oropharynx (Figure 1). Upright chest radiograph showed the GJ tube extending superiorly up the esophagus into the oropharynx (Figure 2).

A GJ tube is a percutaneous device that provides access to both the stomach and jejunum. This tube is positioned at the same location as a gastric feeding tube but is longer in order to reach the jejunum. Its purpose is to provide decompression of the stomach and enteral feeding to patients with poor caloric intake. The rate of complications of GJ tubes vary between 1-13%. Many of these complications are considered minor with <1% causing mortality. In patients with vomiting there is a chance that the GJ tube is displaced from the jejunum and...
can enter into the esophagus. This can be confirmed with chest radiograph or CT chest.¹⁰,¹¹

Address for Correspondence: Shadi Lahham, MD, MS, University of California, Irvine, Department of Emergency Medicine, 333 The City Boulevard West, Suite 640, Rt 128-01, Orange, CA 92868. Email: slahham@uci.edu.

Conflicts of Interest: By the WestJEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. The authors disclosed none.

Copyright: © 2015 Lahham et al. This is an open access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) License. See: http://creativecommons.org/licenses/by/4.0/

REFERENCES