

Twisting by the PEC (Percutaneous Endoscopic Colostomy)

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[ABSTRACT]

Aim

Recurrent sigmoid volvulus and pseudo-obstruction are difficult to manage in elderly patients as surgical option is too dangerous. Percutaneous Endoscopic Colostomy (PEC) is being used as an alternative for surgery.*1 We are presenting a case report about a complication secondary to PEC.

Methods

67 yr. old man presented with recurrent sigmoid volvulus. He has past history of cerebral palsy. He had poor quality of life due to recurrent hospital admissions warranting decompression with flexible sigmoidoscopy.

He was referred for percutaneous endoscopic colostomy (PEC) or sigmoidopexy (PES). A week after the procedure, he presented to emergency department with history of worsening abdominal pain, distension, and vomiting.

Computerized

tomography showed small bowel dilatation with volvulus. Per op findings were that of small bowel volvulus and abscess around the PEC tube. He underwent Hartmann's procedure and didn't need any small bowel resection.

Results

The proposed role of PEC is fixation of the colonic loop and to provide irrigation or decompressing channel [1]. The risk of overall complications with PEC can be as high as 42%. These include local abscess, PEC leakage, granuloma formation and tube erosion [2]. There is 5% mortality risk in one case series [3].

Conclusion

PEC offers an alternative treatment for high-risk patients with recurrent volvulus and pseudo-obstruction who have tried conventional treatment options without success or those who are unfit for surgery.

We recommend that PEC tube insertion should be carefully considered and it needs further research to prove its efficacy and to decrease its complications.

Conflict of Interests

The authors' declare that there are no conflicts of interests.

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