

Profuse diarrhea after percutaneous change of a computed tomography-guided gastrostomy: endoscopic closure of a colocutaneous fistula



A 71-year-old patient was admitted after the accidental dislodgement of a computed tomography (CT)-guided percutaneous gastrostomy, placed 1 year prior. The initial procedure was uneventful and facilitated rapid weight gain. A percutaneous MIC-KEY tube (Avanos, Alpharetta, Georgia, USA) was rapidly placed along the previous route. As soon as nutrition was restarted, “on and off” profuse diarrhea occurred, ceasing as the nutrition was stopped and resuming immediately upon resumption. Opacification of the MIC-KEY tube revealed a fistulous tract between the transverse colon and the skin (▶ **Video 1**). Conservative treatment was decided, involving the endoscopic closure of the residual colocutaneous fistula, achieved by placing an Ovesco clip (Ovesco Endoscopy, Tübingen, Germany) during a colonoscopy [1].

In conclusion, a transcolonic perforation may go unnoticed during the months [2] after a CT-guided percutaneous gastrostomy. Colocutaneous fistulous tract can be safely closed using an Ovesco clip during a colonoscopy [1, 3], to avoid the need for surgery.

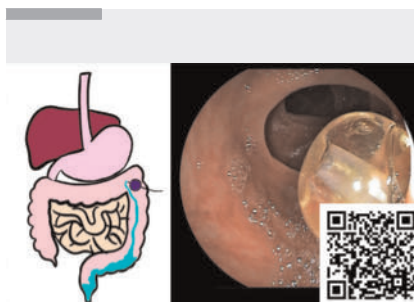
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Conflict of Interest

The authors declare that they have no conflict of interest.



▶ **Video 1** Management of a silent colonic transfixation after computed tomography-guided gastrostomy. The colocutaneous fistula was revealed by diarrhea and could be safely closed with an Ovesco clip (Ovesco Endoscopy, Tübingen, Germany).

The authors

Amani Al Khatib^{1,2}, **Anais Bertrand**^{1,2}, **Henri Duboc**^{1,2}, **Olivier Bonsack**^{1,2}, **Benoit Coffin**^{1,2}, **Heithem Soliman**^{1,2}

- 1 Centre de Recherche sur l'Inflammation, Inserm UMR5 1149, Université Paris Cité, Paris, France
- 2 Hépatogastro-entérologie, Hôpital Louis Mourier, APHP, Colombes, France

Corresponding author

Henri Duboc, MD, PhD
Hépatogastro-entérologie, Hôpital Louis Mourier, 178 rue des Renouillers, Colombes 92700, France
henri.duboc@aphp.fr

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