Percutaneous endoscopic gastrojejunos-
tomy (PEGJ) tube placement is a techni-
cally simple procedure that is the most com-
monly used method of endoscopic jeju-
nostomy. However, it only allows the
placement of jejunostomy tubes with a
diameter of 3 – 4 mm (9 – 12 Fr), which
are prone to luminal occlusion and migra-
tion [1 – 3]. In addition, it has been report-
ed that PEGJ tubes may not prevent as-
piration resulting from frequent retro−
grade tube migration into the stomach
and reflux of intestinal contents [1 – 3].

Direct percutaneous endoscopic jejunos-
tomy (DPEJ) appears to be a better alterna-
tive to PEGJ, as it allows placement of the
larger-diameter DPEJ tube in the proximal
jejunum and is associated with a reduced
risk of pulmonary aspiration. However,
the smaller lumen, mobility, active peri-
stasis of the jejunal loop, and difficulty
in transillumination make this procedure
much more difficult than PEGJ tube place-
ment. To overcome the above challenges,
we anchored the jejunum against the ab-
dominal wall with a 21-gauge finder nee-
dle before passing the needle and trochar
(Figures 1, 2). In addition to stabilizing the
jejunum, the finder needle penetrates the
soft tissue easily and is less likely to cause
visceral trauma. We carried out DPEJ tube
placement using this method in 21 pa-

Table 1 Indications for direct percuta-
neous endoscopic jejunostomy tube place-
ment

<table>
<thead>
<tr>
<th>Indication</th>
<th>Patients</th>
<th>%</th>
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<tbody>
<tr>
<td>Gastroesophageal regurgitation</td>
<td>12</td>
<td>57</td>
</tr>
<tr>
<td>Pulmonary aspiration</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Gastraparesis</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Gastric resection</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows the indications for direct percutaneous endoscopic jejunostomy tube placement used in our study. The method was successful and resulted in proper placement of DPEJ tubes in 17 patients (a success rate of 81%). In four patients, DPEJ tube placement could not be completed due to an inability to achieve adequate transillumination. No significant or major complications were associated with the procedure. Minor complications in two patients included cellulitis and cutaneous leakage of enteral contents. On the basis of this experience, it appears that DPEJ tube placement with this method is a safe and effective means of providing prolonged jejunal nutrition. Similar observations have been reported by other investigators [4,5]. We believe that the application of this modified tech-
nique could lead to wider acceptance of
DPEJ tube placement in clinical gastroen-
terology.

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