Hepatic Portal Venous Gas Development Following Percutaneous Endoscopic Gastrostomy

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Key words: percutaneous endoscopic gastrostomy, complication, hepatic portal venous gas

(Intern Med 52: 153, 2013)
(DOI: 10.2169/internalmedicine.52.8782)

A 65-year-old man presented with dysphagia as a sequela of cerebral postresuscitation syndrome and brain infarction. He had undergone successful percutaneous endoscopic gastrostomy (PEG) tube placement (Picture 1).

Eight days later, however, he complained of sudden abdominal distension and vomiting. There were no injuries at the gastrostomy site. Abdominal computed tomography showed the presence of hepatic portal venous gas (HPVG) and ascites (Picture 2).

Because the patient was in a poor general condition, we decided to administer conservative treatment. The patient developed septic shock and multisystem organ failure and died 14 days after PEG tube placement.

As our case demonstrates, HPVG development following PEG tube placement may have a poor clinical outcome (1). In our case, abdominal distension, vomiting and massive ascites with signs of panperitonitis were observed. Therefore, we suspected that a gastrostomy leak may have occurred prior to HPVG formation from gas permeating through the damaged mucosa around the gastrostomy.

HPVG is rare; however, clinicians should be aware of this potential serious complication in patients with a recent history of PEG placement, despite optimum perioperative management.

The authors state that they have no Conflict of Interest (COI).

Reference