Dumping Syndrome due to the Misplacement of the Gastrostomy Feeding Tube

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A 74-year-old hospitalized man who had undergone gastrostomy 1 month previously experienced a sudden loss of consciousness and diaphoresis 2 hours after tubal feeding with the advent of partially refractory hypoglycemia (44 mg/dL) following intravenous glucose therapy. A serum laboratory examination the next morning before tubal feeding indicated normal values for TSH (0.8 μIU/mL), free T3 (2.17 pg/mL), growth hormone (0.45 ng/mL), adrenocorticotropic hormone (11.4 pg/mL), cortisol (12.4 μg/dL), and insulin (10 μU/mL). However, the serum insulin level on the index day was extremely elevated (694 μU/mL; normal range <17.0) and the misplacement of the tip of the gastrostomy feeding tube in the duodenum was identified on abdominal computed tomography (Picture). After the withdrawal of the tube to a gastric location, hypoglycemia completely resolved. Late symptoms of dumping syndrome were thereafter diagnosed. Dumping syndrome without gastric surgery is extremely rare; however, it can be caused by the misplacement of a gastrostomy feeding tube within 1-4 hours after a meal (1, 2).

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References