

### Percutaneous Endoscopic Gastrostomy Feeding Tube Perforating the Abdominal Wall: a Technique for Endoscopic Removal

The use of a percutaneous endoscopic gastrostomy (PEG) is a routine clinical procedure for enteral tube feeding in various indications (1, 2, 3). In individual cases, a major complication was observed after long-term use (months to years). Continuous traction to the PEG tube led to perforation of the anterior gastric wall by the tube's silicon plate. The function of the PEG feeding tube is obstructed as soon as the gastric wall is closed. As long as the gastric lumen of the PEG tube can be visualized endoscopically we perform the following technique for endoscopic removal of the PEG feeding tube.

We introduce a close-fitting guide wire into the feeding tube and push it into the stomach under endoscopic control. The guide wire is grasped by a polypectomy snare near the silicon plate of the PEG tube (Figure 1). This splinting and the traction of the tube by the snare help to push the PEG tube back into the stomach. After retrieval of the guide wire, the feeding tube is grasped by the polypectomy snare, and can be removed after the external part of the tube has been cut off (Figure 2).

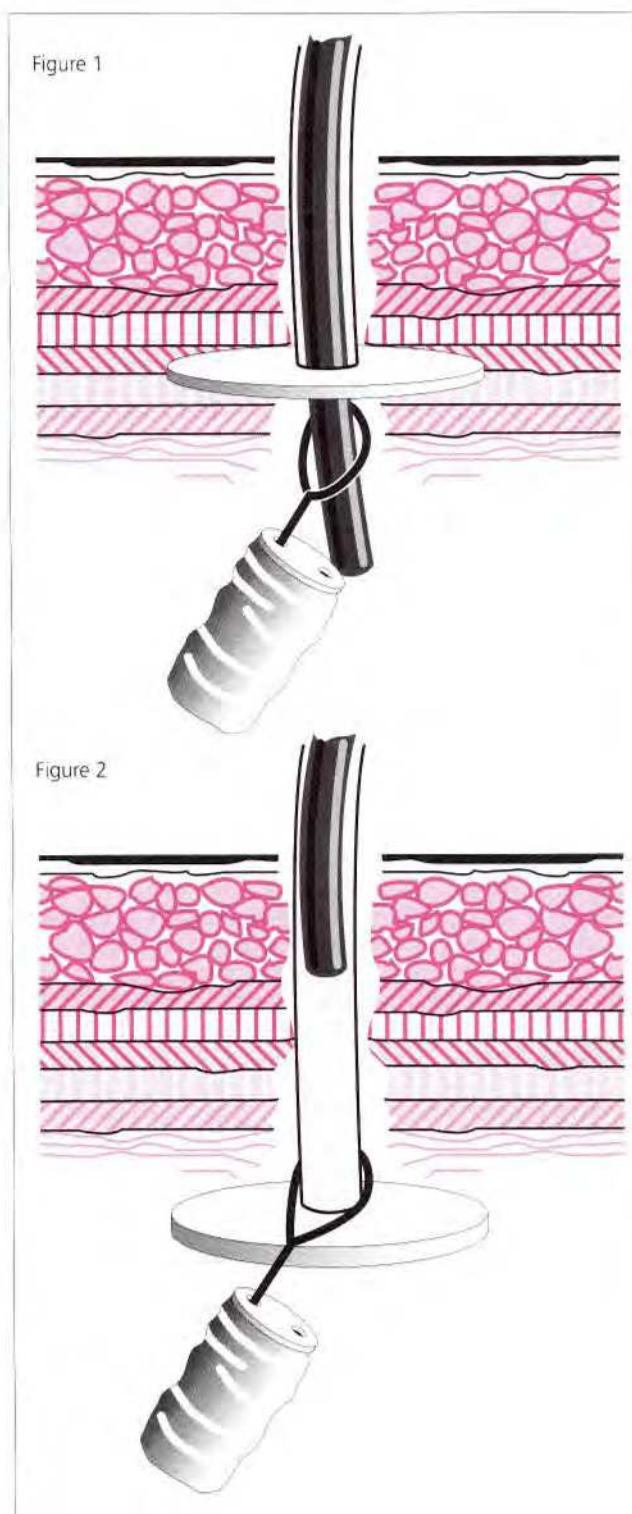
Over the last 26 months, we have successfully removed four PEG tubes with this technique. The tubes had perforated in the abdominal wall, and their inner lumina could be observed endoscopically.

#### References

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**Figure 1:** The guide wire is introduced and grasped with a polypectomy snare.

**Figure 2:** The silicon plate of the feeding tube is pushed back into the stomach. The guide wire can be retrieved, and the PEG feeding tube can be removed endoscopically.