

## Letter to Editor

# Interposed Bowel Loop during Percutaneous Endoscopic Gastrostomy Placement; Rare and Nightmare

Sir,

I read with great interest the article published in your journal entitled “Interposed Bowel Loop during Percutaneous Endoscopic Gastrostomy Placement; Rare and Nightmare” by Shera IA *et al.* I congratulate the author for his/her work. The case was interesting and rare, but I want to raise some issues.

It was primarily a case of gastrocolonic fistula postpercutaneous endoscopic gastrostomy (PEG) placement, which probably got infected due to it. Secondly, after the replacement of PEG tube, the tube got placed in the colon instead of the stomach.

The author has not given any detail about the method which he/she has used to replace the PEG tube and whether he/she has used any technique at the time of its replacement to check its correct position.

The author has mentioned that it can be avoided using a combination of transillumination, indentation, and adequate air insufflation. In addition to it, another simple and effective method is to use small local anesthetic needle as a “pilot needle” to confirm the closeness of the abdominal wall to the gastric lumen thus avoiding this dreaded complication.<sup>[1]</sup>

The author has stated that the sigmoid colon is the most frequent interposed bowel loop. However, most of the reports have stated transverse colon to be most common site of it. Author has not given any reference for it also.

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### Conflicts of interest

There are no conflicts of interest.

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### REFERENCE

1. Schrag SP, Sharma R, Jaik NP, Seamon MJ, Lukaszczuk JJ, Martin ND, *et al.* Complications related to percutaneous endoscopic gastrostomy (PEG) tubes. A comprehensive clinical review. *J Gastrointest Liver Dis* 2007;16:407-18.

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