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GI learning, personalised

Summary

A NOT SO COMMON MEDICAL COMPLICATION OF ENDOSCOPIC PROCEDURE

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Oesophagus

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A clinical case report describes a 62-year-old male with pancreatic adenocarcinoma who died after developing suspected refeeding syndrome following duodenal stent placement for malignant obstruction.

KEY POINTS

- The patient presented with a 4.5x4.5 cm irresectable pancreatic head mass causing duodenal obstruction and underwent successful duodenal stenting with initial symptom improvement
- One week post-stenting the patient developed weakness, abnormal gait, bilateral lower limb edema, and lethargy, progressing to confusion (GCS 12) with laboratory findings of hyponatremia (Na 130), hypocalcemia (Ca 7.8), hypophosphatemia (Phos 2.8), and hypoalbuminemia (Alb 2.9)
- Refeeding syndrome was suspected and TPN initiated, but the patient did not improve, developed sepsis from chest infection, and died
- The authors discuss that refeeding syndrome can be easily missed in upper GI malignant obstructions with prolonged decreased oral intake and malignancy cachexia, and recommend nutritionist counseling after GI stenting to avoid this complication
- This case may be of interest to gastroenterologists, interventional endoscopists, and oncologists managing patients with malignant upper GI obstructions requiring stenting

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