

PERCUTANEOUS TRANSESOPHAGEAL GASTROTUBING (PTEG) FOR THE PATIENT THAT PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) INSERTION IS IMPOSSIBLE IN THE TUBE FEEDING

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Poster

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Percutaneous transesophageal gastrotubing (PTEG) was performed in 115 patients contraindicated for PEG, achieving satisfactory results with a 10.4% complication rate and no deaths.

KEY POINTS

- The study included 115 patients (mean age 77.7 years) who could not undergo PEG due to conditions including prior gastrectomy (61 patients), gastric herniation into the thoracic cavity (30 patients), and other anatomical or clinical contraindications.
- PTEG procedure involves inserting a rupture-free balloon catheter into the upper esophagus, followed by percutaneous balloon puncture from the left side of the neck under ultrasonographic control.
- All 115 patients achieved satisfactory results over a median follow-up of 322 days, with no patients requiring nasogastric tubes post-procedure and seven patients able to discontinue tube feeding entirely.
- Complications occurred in 10.4% of patients, including one case of severe bleeding requiring transfusion, one tracheal penetration managed conservatively, seven cases of minor bleeding, and two cases of subcutaneous emphysema, with no surgical interventions or deaths.
- The authors conclude PTEG is feasible, safe, and useful for long-term nutrition in patients contraindicated for PEG and may be the only option for liberation from nasogastric tubes in this population.

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