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Summary

# DIRECT PERCUTANEOUS ENDOSCOPIC JEJUNOSTOMY VERSUS PERCUTANEOUS ENDOSCOPIC GASTROSTOMY WITH JEJUNAL EXTENSION: QUALITY OF LIFE AND COMPLICATIONS

Lennard Gilissen

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**A retrospective study of 96 patients compared direct percutaneous endoscopic jejunostomy (D-PEJ) with percutaneous endoscopic gastrostomy with jejunal extension (PEG-J), finding similar quality of life but significantly fewer tube-related adverse events and re-endoscopies with D-PEJ.**

## KEY POINTS

- PEG-J patients required significantly more re-endoscopies per tube-year than D-PEJ patients (0.63 versus 0.27), with 76.8% of PEG-J patients needing at least one re-endoscopy, mostly due to jejunal extension dislocation.
- Tube-related adverse events including dislocation, occlusion, perforation, and ulceration occurred significantly more frequently after PEG-J insertion (76.7% versus 25.9%), though D-PEJ patients reported significantly more tube-related pain (44.4% versus 15.9%).
- Two PEG-J patients died from duodenal ulcers, a complication the authors hypothesise resulted from mechanical damage caused by the jejunal extension pigtail tip.
- No statistical differences were found in quality of life or patient satisfaction between the two techniques, though 80% of PEG-J patients versus 60% of D-PEJ patients reported quality of life improvement.
- The authors conclude D-PEJ should be considered as an alternative to PEG-J, particularly for patients with recurrent jejunal extension complications or altered anatomy.

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