

Gastric Mucosal Prolapse Resulting in Ischemia

Aleena Arij Khan*

Pediatrician, UT Southwestern Medical Center, General Pediatrician in Emergency Medicine, United States

***Corresponding author:** Aleena Arij Khan, Pediatrician, UT Southwestern Medical Center, General Pediatrician in Emergency Medicine, United States. E-mail: aleena.khan@utsouthwestern.edu

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Clinical Image

A 17-year-old male with a history of cerebral palsy and autism spectrum disorder presented to the emergency department for prolapsed contents from his gastrostomy tube feeding site. His guardian noticed color changes of the prolapsed tissue from light pink to a dusky maroon color over the course of one day with associated bleeding from the area.

His vital signs were stable. He did not exhibit guarding to palpation of his abdomen and bowel sounds were present. Computed tomography of the abdomen did not show signs of bowel obstruction.

The patient underwent laparoscopic exploration and gastrostomy takedown. Manual reduction of prolapsed contents failed thus, using laparoscopic guidance, the stomach was divided from the abdominal wall, and the prolapsed, ischemic gastric mucosa was resected. The gastrostomy site was surgically closed.

Gastric herniation with ischemia is a rare complication at the gastrostomy tube site. Previous reports speculate an incidence of 1.2% in patients with gastrostomy tubes. The probability of prolapse increases in children with ventilator dependence, poor nutrition, and neurologic disorders [1].

He recovered well and was discharged six days post-operatively.

REFERENCES

1. Janik Ta, Hendrickson RJ, Janik JS, et al. Gastric prolapse through a gastrostomy tract. *J Pediatr Surg.* 2004; 39: 1094-1097.