



Unusual complication of Naso gastric tube insertion

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Abstract

Insertion of a nasogastric tube, though a common clinical procedure, can produce unexpected complications. We report a rare complication of Nasogastric (NG) tube insertion, where patient has cut down her Nasogastric tube after 5 days of insertion, which was successfully removed with the help of Magill's forceps.

Case Report

50 year old female who was admitted to ICU with complaints of vomiting and abdominal pain for 3-4 days. She was a known case of hypothyroidism, No other comorbidity was there. She was diagnosed as a case of acute pancreatitis and appropriate treatment was started. NG tube insertion was performed for further enteral feeding. Postoperative chest radiography revealed the NG tube lying in the right space. After 5 days of insertion we noticed that two end of tube was coming out from her mouth. She has cut down the NG tube by her teeth (figure 1). One part of which was visible outside and other part was inside (figure 2). We thought of doing laryngoscopy for removal of the other part but after examining her oral cavity other part of NG tube was clearly visible so it was brought out with the help of Magill's forceps (figure 3). It was good that she was in ICU and we noticed it immediately and appropriate action was taken which avoided possible endoscopy and related complication.



Figure 1



Figure 2



Figure 3

Discussion

Though insertion of a NG tube is a common clinical procedure, during our literature search we found that not a single case has been reported where NG tube was being cut by the patient.

Insertion of NG can produce unexpected complications. Approximately 25% of nasogastric tubes “fall out” or are pulled out by patients soon after insertion and tubes, especially those that are fine bore, can be displaced by coughing or vomiting. There is however no evidence to support the use of weighted NG tubes in terms of either placement or maintenance of position.¹

Nasopharyngeal discomfort occurs frequently in patients with nasoenteral tubes and many suffer sore mouths, thirst, swallowing difficulties, and hoarseness,² which gives patients a feeling of discomfort and that’s why these patients when becomes alert try to remove NG.

Complication which has been reported so far with NG tube insertion were esophageal perforation, inadvertent intracranial placement, pneumothorax, and trachea Broncho pleural placement, even these are rare complications. Unrecognized insertion of tube into lungs or pleural space occurs in less than 1% of cases causing pneumonitis, pneumonia, pleural effusion, and occasionally empyema³.

Few questions though remains unanswerable, how it is possible for a patient to bring NG to a level

where patient can cut it, maybe NG was coiling by its own and that further was brought out by patient with the help tongue movement which was bitten and cut down. Maybe during suction because of high suction pressure NG was brought out and then patient made it cut.

References

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