

Desaturating baby- Beware of Stuck gastrostomy - tube!

Dr. H.A. Venkatesh¹

¹ Fellowship in Neonatology (Australia), Consultant Neonatologist, HOD Department of Neonatology, Adjunct professor (Neonatology) Manipal University, Karnataka, India

***Corresponding Author:** Dr. H.A. Venkatesh, Fellowship in Neonatology (Australia), Consultant Neonatologist, HOD Department of Neonatology, Adjunct professor (Neonatology) Manipal University, Karnataka, India. Email: venkatveena46@gmail.com

A-50 days old neonate with esophageal atresia operated with cleft larynx was admitted for infection at the site of the gastrostomy tube (G-tube). The G- tube was inserted a couple of weeks back in view of repeated aspiration of milk into the lungs. At admission, she was active and playful. The G- tube site was infected with foul-smelling. She was kept nil per orally for a couple of days. On feeding, she suddenly started desaturating and became apnoeic needing intubation. The contrast study was done by injecting the contrast into the gastrostomy tube to demonstrate the inflated tip of G-tube stuck into the lower esophagus with the dye entering the bronchus and the lung. The tube was deflated and removed and reinserted confirming the correct position. Currently the baby is stable on full gastrostomy tube feeds.



Image 1: Contrast Chest and abdomen X-ray demonstrating stuck G-tube into the esophagus with the dye entering Bronchus and lung

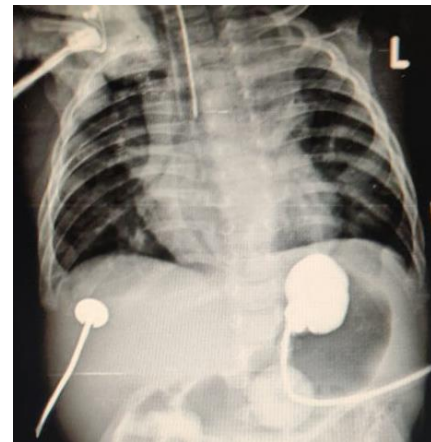


Image 2: Contrast Chest and abdomen X-ray demonstrating the G-tube in the correct position with the lung clearance