

Buried Bumper Syndrome: A Late Complication of PEG Tube Insertion

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Abstract

Buried bumper syndrome (BBS) is a rare serious late complication of percutaneous endoscopic gastrostomy (PEG) where the internal bumper migrates along the stoma tract. BBS is a clinical diagnosis and the role of imaging is to identify the exact site of the migrated internal bumper.

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Abstract :

Buried bumper syndrome (BBS) is a rare serious late complication of percutaneous endoscopic gastrostomy (PEG) where the internal bumper migrates along the stoma tract. BBS is a clinical diagnosis and the role of imaging is to identify the exact site of the migrated internal bumper.

Case :

A 61-year-old lady with carcinoma of base of tongue underwent a radical resection with PEG tube insertion. The tube was inserted at the anterior wall of gastric antrum. 4 months after the procedure, she complained of intermittent abdominal pain and leaking of fluid around the stoma area during feeding for three days. There was no documented fever. Examination of abdomen showed mild tenderness around the PEG insertion site with no evidence of peritonitis. CT scan revealed migration of the internal bumper through the gastric mucosal wall (Figure 1). No evidence of intra-abdominal collection or pneumoperitoneum was seen. Endoscopy subsequently confirmed the absence of internal bumper in the stomach, with a small orifice of the residual fistula at the anterior gastric wall (Figure 2).



Figure 1: Internal bumper of the PEG tube (arrow) is seen outside the gastric mucosal wall, indenting onto the anterior abdominal wall



Figure 2: A small orifice (arrow) is seen at the anterior gastric wall, with the absence of the PEG tube internal bumper

Discussion :

BBS is defined as migration of internal bumper of PEG along the stoma tract which can result in mild infection to severe sepsis and peritonitis². It is a rare serious late complication of PEG, mostly occurring after one year of placement¹. BBS is diagnosed clinically and endoscopy is indicated in all suspected cases^{1,2}. The role of imaging is to identify the exact site of the migrated internal bumper as described in our case¹. The definitive treatment is PEG removal².

Author Contributions :

1. Norliana Dalila Mohamad Ali : involved in obtaining patient's verbal consent, writing, finalising and submitting the manuscript
2. Bushra Johari : involved in contributing the CT image, drafting and writing the manuscript
3. Yahya Mohd Aripin : involved in obtaining patient's written consent and contributed the endoscopy image for the manuscript

Referances :

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