



## IMAGE OF THE MONTH

### Late closure by secondary intention of a large gastrocutaneous fistula after complicated percutaneous endoscopic gastrostomy



### Cicatrización tardía por segunda intención de una fístula enterocutánea de gran tamaño tras gastrostomía endoscópica percutánea complicada

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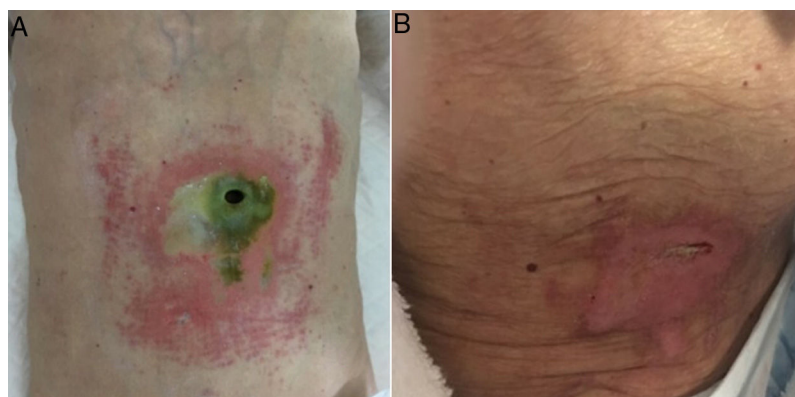
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This is a case of 81 years-old male, with previous diagnosis of a laryngeal stage IV tumour with chronic use of nasogastric tube. He is referenced to be submitted to a percutaneous endoscopy gastrostomy.

The procedure was successful with no immediate complications. Next day, the patient developed local and systemic inflammatory signs. Is observed a peristomal

leakage and wound infection which are managed with conservative treatment. After four days there is no improvement and PEG tube is removed to facilitate the fistula closure.

Unlike expected, the fistula did not closed in next hours. The gastrocutaneous fistula became large with a high output drainage (400 mL/24 h) that caused an important cutaneous



**Figure 1** Large gastrocutaneous fistula after PEG tube removal (A) and its closure after one month of conservative treatment (B).

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irritation (Fig. 1A). The fistula orifice had an important necrosed surround area that unable an endoscopic and surgical treatment. At this point, the last option was to intensify the conservative treatment with piperacillin-tazobactam (4.5 g, every 8 h for 10 days), proton pump inhibitors bid and intensive dressing care with adhesive powder, and wait for treatment response. One week later, gastrocutaneous fistula finally shows improvement, and one month later it was practically closed (Fig. 1B). We can observe a late spontaneous closure of a large gastrocutaneous fistula by secondary intention.

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## **Conflict of interest**

All authors declare no conflict of interest.