



IMAGE OF THE MONTH

Massive gastric bleeding due to nasogastric tube pressure ulcer in critical patient: An unusual complication[☆]



Hemorragia gástrica masiva tras úlcera por decúbito de sonda nasogástrica en paciente crítico: una complicación inusual

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We report the case of a 65-year-old patient with ureteral stenosis admitted to the intensive care unit (ICU) for septic shock of urological origin following double-J stent replacement; upon admission, he had a nasogastric tube placed. Initially, he followed a favourable course, but after six days, he presented upper gastrointestinal bleeding with anaemia and haemodynamic instability requiring blood products and vasoactive drugs. Computed tomography (CT) (Fig. 1) showed active gastric bleeding; therapeutic endoscopy was not feasible as extensive longitudinal tearing of the mucosa on the anterior aspect of the stomach was visualised. Emergency exploratory laparotomy was performed with gastrostomy and evacuation of multiple clots until blood was seen oozing from a filiform mucosal ulceration with a length of 10 cm in the lesser curvature, corresponding to pressure



Figure 1 CT showing gastric dilation with bloody contents and linear serpiginous imaging of contrast extravasation consistent with active bleeding (indicated with an arrow).

from the nasogastric tube (Fig. 2). Following interrupted suturing of the tearing, suitable haemostasis was achieved, and the patient subsequently followed a favourable course with no further bleeding.

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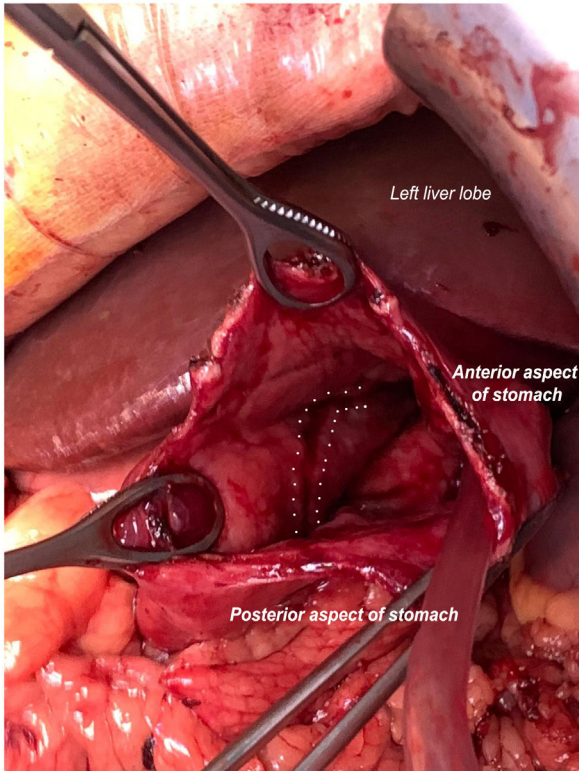


Figure 2 Anterior gastrostomy exposing a longitudinal gastric ulcer due to pressure from a nasogastric tube in the lesser curvature, causing massive upper gastrointestinal bleeding (marked between white dots).

Upper gastrointestinal bleeding due to lesions secondary to a nasogastric tube is rare and can be caused by trauma during placement or by prolonged use with ongoing irritation

and necrosis due to pressure.^{1,2} As this is a life-threatening situation,³ early identification and treatment are crucial²: endoscopy is the initial procedure for diagnosis and treatment of choice, and surgery is pursued only when other treatments fail.

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Conflicts of interest

None.

References

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