Intraluminal migration of drain tube: a short report

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A 55-year-old female was diagnosed to have malignant mucinous cystic neoplasm (MCN) of the distal pancreas. Intraoperatively, the lesion was 10×10×15 cm in size arising from the distal pancreas involving the splenic hilum and transverse mesocolon with no evidence of dissemination. So she underwent en bloc resection of the tumor with distal pancreatectomy, splenectomy and segmental resection of the involved transverse colon. The bowel continuity was restored with end-to-end anastomosis of the transverse colon. The specimen on histopathological examination proved to be a malignant MCN of the distal pancreas with adequate margin clearance. Postoperatively the patient developed pancreatic stump leak which was managed conservatively and she was discharged on postoperative day 14 with left flank drain in position. She came for the first review after two weeks with complaints of accidental slippage of the drain tube with persistent fluid leakage and soiling through the drain site. So a 20 French Foley catheter was introduced through the drain site under radiological guidance and it was attached to a collection bag. The balloon of the Foley catheter was inflated with 10 mL of distilled water and the catheter was sutured to the abdominal wall. She was discharged and asked to keep a daily drain output chart with proper drain care and weekly reviews. However, she was then lost to follow up. After one month she reported back with complaints of abdominal pain, constipation and vomiting of two days duration. The abdomen was distended with mild diffuse tenderness. The drain tube and bag were missing. The patient gave a history of accidental slippage and subsequent removal of drain at home ten days back. The drain site showed skin erosions with a healing wound. An emergency ultrasound and subsequent computed tomograph (Fig. 1A & B) showed evidence of bowel obstruction with the presence of the Foley catheter intraluminally in the descending colon. The proximal end of the catheter was lying outside the bowel in the peritoneal cavity and the distal end was reaching up to the sigmoid colon. The patient was shifted to the operation theatre and an emergency laparotomy was done. Intraoperatively the proximal end of the Foley catheter was found lying outside the bowel with the site of the previous anastomosis of the transverse colon (Fig. 2) serving as the point of entry into the colon. The catheter was taken out and the bowel defect closed with sutures. She had an uneventful postoperative recovery.

The exact mechanism of intraluminal migration of the drain tube is uncertain even though there are reports of such events occurring after esophagogastrectomy [1,2] and feeding jejunostomy [3-5]. In this case, probably the patient had subclinical dehiscence at the site of anastomosis of transverse colon secondary to pancreatic leak, through which the tube might have migrated intraluminally. As described by Prahlow et al, the peristalsis-induced intraluminal antegrade movement of the distal end of the tube with concomitant retrograde movement of the colon over the tube ultimately resulted in reaching up to the sigmoid colon [4].
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Conflict of Interest: None

Received 14 August 2012; accepted 29 August 2012

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