

## Spontaneous fracture of a nasobiliary catheter

Omer Ozutemiz, Fatih Tekin, Elvan Isik Erdogan

Department of Gastroenterology, Ege University Medical School, Izmir, Turkey.

**Key words :** spontaneous, fractured, nasobiliary catheter.

### To the Editor,

A 68-year-old-man was referred to our hospital because of obstructive jaundice and ascites. Laboratory tests showed elevated levels of alkaline phosphatase,  $\gamma$ -glutamyltransferase, and bilirubin (24.8 mg/dL ; normal < 1.2 mg/dL). Magnetic resonance cholangiopancreatography revealed a mass with a diameter of 32 × 24 mm in the junction of the right and left hepatic ducts. Ascitic fluid analysis showed a malignant cytology. Positron emission tomography revealed increased FDG uptake of the mass and celiac, superior mesenteric and preaortic lymph nodes. Tumor antigen CA 19-9 level was 496 U/L (normal < 37 U/L). Based on these findings, a diagnosis of inoperable Klatskin tumor was established.

An endoscopic nasobiliary drainage [ENBD] catheter (7 Fr, Dispomedica, Hamburg, Germany) was placed in the right hepatic duct after an endoscopic papillary sphincterotomy. We planned to place a single uncovered self-expandable metallic stent [SEMS] only in the right liver lobe if an adequate bilirubin level reduction would be achieved after ENBD. However, a sudden cessation of bile drainage through the nasobiliary catheter occurred on 7th day of ENBD. Fluoroscopic control revealed the fracture of nasobiliary catheter (Fig. 1). The patient was fully conscious, and there was no attempt to remove nasobiliary catheter. Firstly the proximal part of nasobiliary catheter was removed from the stomach, and then the distal part was gently retrieved by using a rat-tooth forceps (Fig. 2). Thereafter, a 6 cm and an 8 cm long uncovered SEMSs (Wallflex ; Boston Scientific, Natick, Massachusetts, USA) were endoscopically placed in the left and right hepatic ducts, respectively.

It was reported that removing of nasogastric (1) and nasojejunal tube (2) which were inadvertent sutured during operation resulted with fracture of the both tubes. To our knowledge, spontaneous fracture of a nasobiliary catheter was not reported before. It is possible to speculate that the nasobiliary catheter was fractured due to a kink at the duodenal loop. We suggest that fracture of nasobiliary catheter should be kept in mind when sudden cessation of bile drainage occurs.

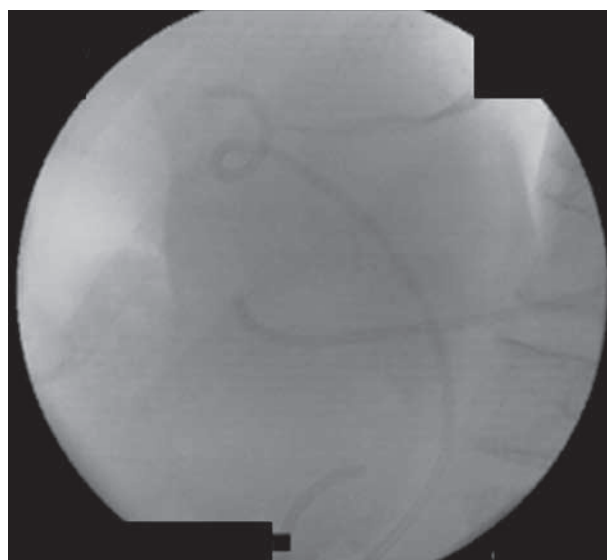


Fig. 1. — Fluoroscopic image of fractured nasobiliary catheter

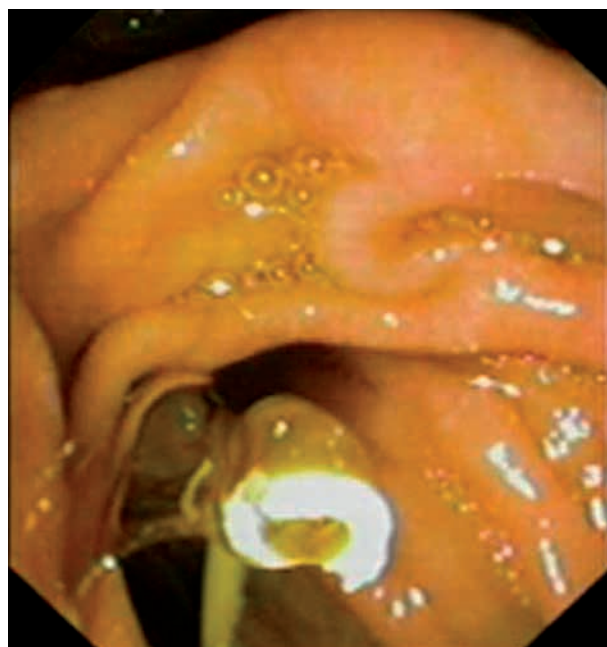


Fig. 2. — Endoscopic view of the tip of fractured catheter

Correspondence to : Dr. Fatih Tekin, M.D., Gastroenteroloji Bilim Dalı, Ege Üniversitesi Tıp Fakültesi, Bornova 35100, Izmir, Turkey.  
E-mail : drtekinfatih@gmail.com

Submission date : 03/08/2015

Acceptance date : 06/08/2015

## References

1. SUCANDY I., ANTANAVICIUS G. A novel use of endoscopic cutter : Endoscopic retrieval of a retained nasogastric tube following a robotically assisted laparoscopic biliopancreatic diversion with duodenal switch. *N. Am. J. Med. Sci.*, 2011, **3** : 486–488. doi : 10.4297/najms.2011.3486.
2. VARDAN A., AHMAD A., SINGH D., MISRA R. Endoscopic removal of a fractured nasojejunal tube in the duodenum. *Endoscopy*, 2013, **45** (Suppl 2) : E347–348. doi : 10.1055/s-0033-1344834. 5