

Percutaneous endoscopic gastrostomy through cervical fistulas or pharyngo-esophagostomies in head and neck cancer patients

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INTRODUCTION

The establishment of percutaneous endoscopic gastrostomy (PEG) passing the gastroscope through an alternative cervical access route (pharyngoesophagostomies or cervical fistulas) is rarely described in the literature.

OBJECTIVE

To report a case series of PEG done through pharyngoesophagostomy or cervical fistula in head and neck cancer (HNC) patients.

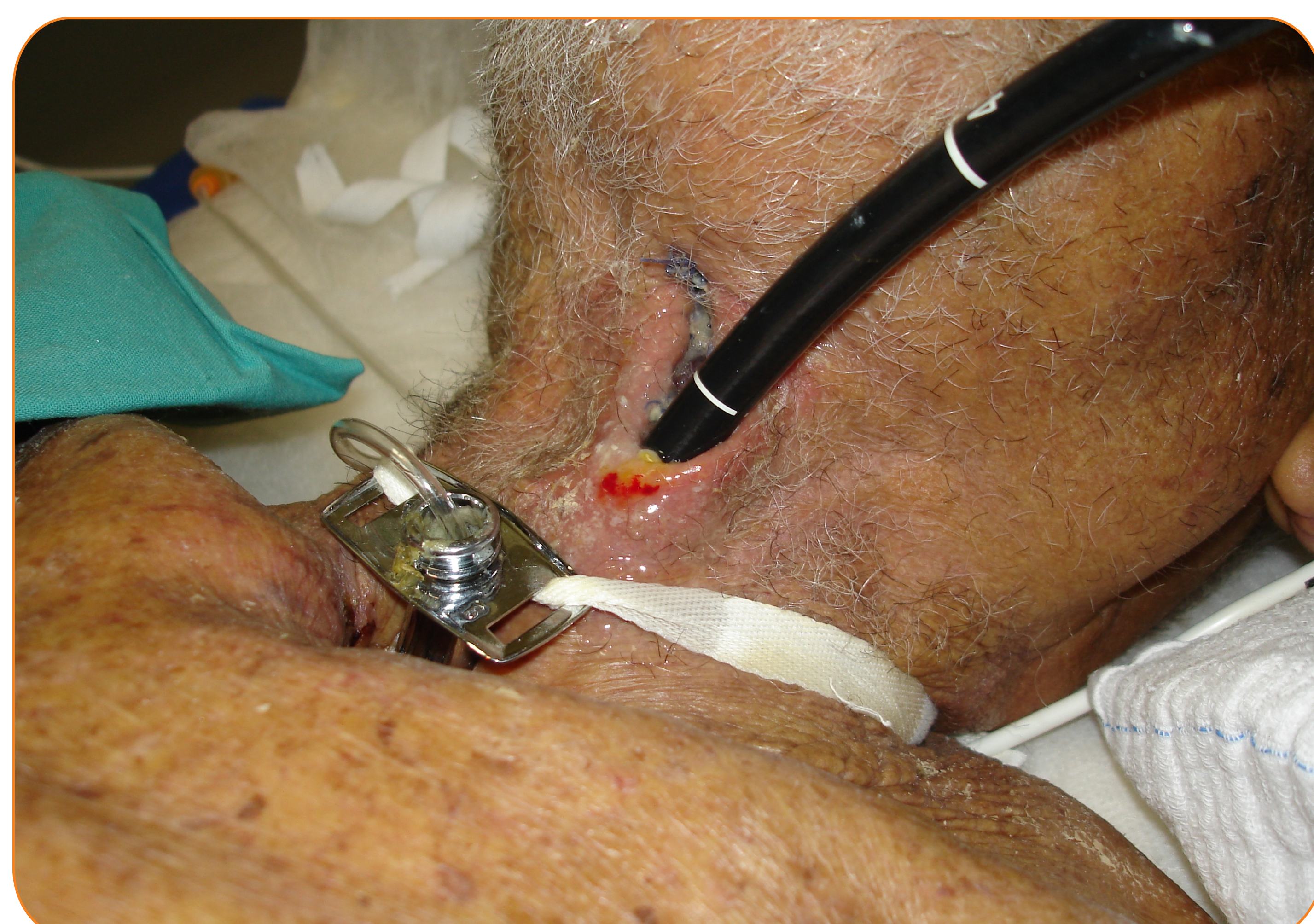
PATIENTS AND RESULTS

From January 2002 to December 2012, 1018 PEG were performed in HNC patients at INCA. From this group, 21 patients (18 men and 3 women, 34 to 84 years old) presenting HNC and/or stenotic obstruction of the upper aerodigestive tract with either cervical fistulas (33,3%) or pharyngoesophagostomies (66,7%) had this procedure successfully done through one of these orifices using the Gauderer-Ponsky Pull technique (24Fr PEG kit). There were no acute or late local complications related to this alternative access.

Gastrostomy tube passing through esophagostomy



Endoscope is inserted through esophagostomy



DISCUSSION

The performance of PEG using cervical stoma or fistula as an alternative access route, although rarely described in the literature, represents an easy and safe approach for delivering enteral nutrition support in patients with hypopharynx obstruction and an intact GI tract. Consequently patients with such clinical situations may have their quality of life improved.

CONCLUSION

The cervical approach for performing PEG is practical and safe for HNC patients with pharyngoesophagostomy or cervical fistula.