



A nasoenteral feeding tube barking up the wrong tree

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A 58-year-old woman with multiple co-morbidities, including a history of kidney and pancreas transplant, was admitted to the intensive care unit for management of septic shock. She had a prolonged course and had a small-bore nasoduodenal feeding tube placed under electromagnetic sensing device guidance. She soon developed abdominal distention with absence of bowel sounds followed by hemodynamic compromise. An abdominal X-ray (Fig. 1) revealed an abnormal air pattern in the right upper quadrant (blue star) and the feeding tube

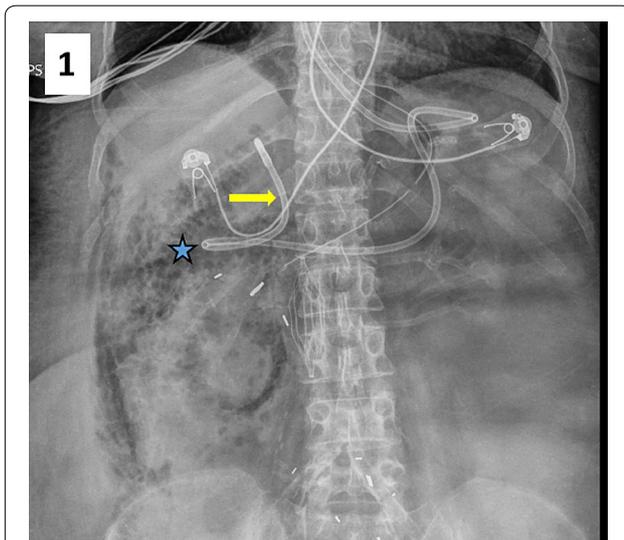


Fig. 1 Abdominal X-ray after placement of the feeding tube (yellow arrow) showing abnormal air (blue star)

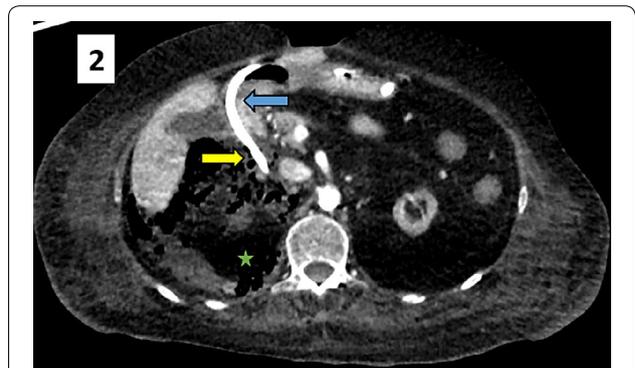


Fig. 2 Computed tomography of the abdomen showing feeding tube (yellow arrow) perforating through the intestine (blue arrow) with air in the retroperitoneal space (green star)

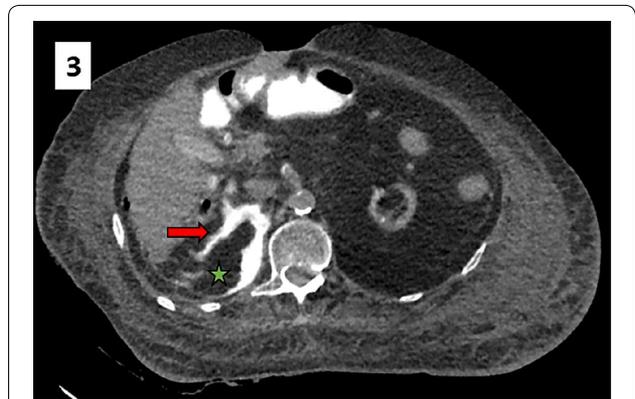


Fig. 3 Oral-contrast enhanced computed tomography of the abdomen showing contrast (red arrow) in the retroperitoneal space (green star)

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(yellow arrow). A computerized tomography scan of the abdomen (Fig. 2) showed the feeding tube (yellow arrow) perforating through the intestine (blue arrow) with air in the right retroperitoneal space (green star), as well as oral

contrast leakage (red arrow) into the right retroperitoneal space (Fig. 3). She was emergently taken to the operating room for drainage of the retroperitoneal fluid collection and removal of the feeding tube. She continued to decline after surgery and eventually passed away after the family decided to withdraw care.

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Compliance with ethical standards**Conflicts of interest**

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Informed consent

The patient's family provided consent for the publication of the images. The patient's identity has been kept confidential.

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