CASE REPORT

Intriguing Journey: Foley Catheter Intra-Colonic Migration

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INTRODUCTION

Enteral feeding catheters play a pivotal role in providing nutritional support and can be associated with life-threatening complications. A Female in her 20s presented with abdominal pain post elsewhere done dilatation and curettage for spontaneous abortion by an uncertified medical practitioner and was diagnosed with perforation peritonitis. An emergency laparotomy was done, and uterine perforation, gangrenous bowel and jejunal perforation approximately 4 feet distal to the duodenojejunal (DJ) flexure were found. After repairing the uterus, resection of gangrenous bowel and a double-barreled jejunostomy were done in view of the massive peritoneal contamination and poor nutritional status of the patient. A Foley's catheter was inserted in the distal limb of the stoma for refeeding and nutritional buildup. The patient presented with accidental migration of the feeding catheter inside the lumen without any features of obstruction. Abdominal radiograph showed the mechanical spring coil of a Foley's catheter in the right lower quadrant of the abdomen (Fig. 1a); ultrasonography showed the bulb of the catheter in the distal small bowel. As there were no symptoms of obstruction, the patient was observed closely for spontaneous passage; a percutaneous trans-colonic rupture of the Foley's bulb was done after 48 hours of observation. After failure of spontaneous passage, a colonoscopy was done, which showed a catheter in the ascending colon (Fig. 1 b,c), which was retrieved by colonoscopy (Fig. 1d), and the whole procedure was uneventful. Similar cases have also been reported by Balsarkar D (1), where the catheter passed spontaneously. Routine external fixation should be done to prevent such accidents. Thus, unpredictable procedural complications can happen even with routine interventions, and continuous monitoring is of paramount importance.

Informed Consent

Written informed consent was taken to publish the patient data and photographs in an anonymous format.

REFERENCES

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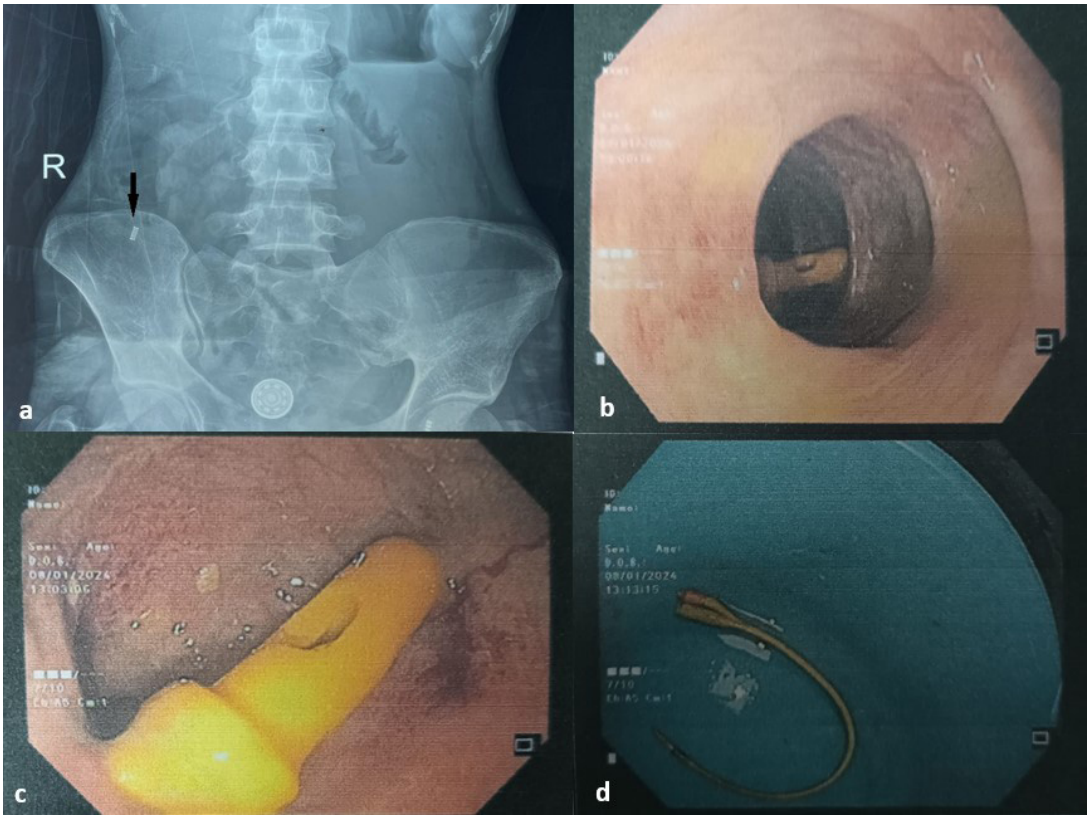

Fig. 1: (a) Abdominal radiograph showing the mechanical spring coil of Foley's catheter in the right lower quadrant of the abdomen (Arrow) (b, c) Colonoscopic image showing catheter inside ascending colon (d) Retrieved catheter