

Self-Knotting of a Nasogastric Tube

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Clinical Image

A 77 years old female patient was underwent ileostomy revision surgery. Low anterior resection with loop ileostomy was applied previously three months ago for rectum tumor. Vomiting following slight distension were observed on third postoperative day. There were air fluid levels in small intestinal segments on direct abdominal X-ray. Nasogastric (NG) intubation was performed for gastric decompression with 16-French NG tube. Respectively 600 and 500 ml gastric contents were discharged on following days. NG tube was decided to remove on 3rd following day. 10-15 cm after withdrawing the tube a mild strain was observed and it was stopped around the nasopharyngeal region. The patient experienced severe pain and we gave a resting time then enforced again. We were surprised with the emerging situation of self knotted tube (Figure 1). After oral feeding the patient was discharged without any complaints on following day.



Figure 1:

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