Original Research Paper

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Anesthesiology

AN UNUSUAL CASE OF RYLES TUBE ENTANGLEMENT IN STOMACH IN A CASE OF CARCINOMA POST CRICOID

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ABSTRACT The patients of carcinoma oesophagus and post cricoids usually present in dysphagia even to liquids for which nasogastric tube had to be inserted to relieve dysphagia and give nutritional support to patient and the patient is sent for further management. Usually the ryles tube has to be changed every six weeks. Proper care is required both from physician side and patients' side. But sometimes the patient after receiving treatment are lost to follow up and the don't get ryles tube changed which later gets blocked and entangled and is unable to get removed.

KEYWORDS :

INTRODCTION:

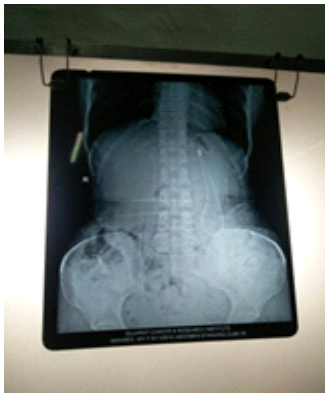
Nasogastric tube/ Ryles tube is an important draining/feeding channel in surgical or medical patients especially in oncology. It is of more use for feeding in patients of cancer buccal mucosa and upper aero digestive tract. Simultaneously it is also used as decompressive channel for upper gastrointestinal anastomosis. When used as feeding channel for long term or if the patient is being discharged on Ryle's tube then he should be properly counselled about proper care of RT and need to visit doctor at frequent interval for change of RT. When not changed for long time it may lead to occlusion of its lumen or displacement or even migration from GI TRACT. Here we present a case of Carcinoma Post cricoid with Ryle's tube entanglement inside stomach and its consequences &its management

CASE REPORT AND DISCUSSION:

We report a case of 45 year old female a case of carcinoma post cricoid T2N0M0 presented with dysphagia for which Ryle's tube was inserted. Patient was given concurrent chemotherapy and radiotherapy. Patient was then lost to follow up for 5 years. She came after 5 years with blocked Ryle's tube. A generous attempt was made to remove RT manually in OPD but it failed as RT didn't came out and patient was having pain. She was admitted and X-ray abdomen was done, it showed coiled up RT inside stomach and no other abnormality. It was planned to remove RT under general anaesthesia while doing direct laryngoscopy. It was attempted but RT didn't came out even on applying sufficient traction. Later laparotomy was planned and during exploration gastrotomy was done .On opening the stomach RT was found to be coiled up, entangled and completely crystallized with adhesion to gastric mucosa it wash taken out gently and gastrotomy closed after guiding new RT.

Just due to ignorance from patient side she has to go through all these procedure. So every time when it is planned to keep RT for long time patient and attendants should be properly counselled about its care and need to consult physician and regular interval.

Photograph of patient reporting after 5 years post CTRT with blocked Ryles Tube



X Ray picture showing entangled Ryles Tube In Stomach

CONCLUSION:

Patients should be educated regarding regular follow up and periodic changing of Ryle's tube.

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