

Diagnosis and treatment of gastrojejunal fistula and nutrition support action

Zhu-Ming Jiang, Si-Yuan Zhang, Yu-Guo Li, Xiu-Rong Wang, Ru-Mei Jia, Yi-Kang Jiang, Shu-Ming Hao, Yu-Shu Liu

Zhu-Ming Jiang, Si-Yuan Zhang, Xiu-Rong Wang, Department of GI Surgery of Peking Union Medical College Hospital, Chinese Academy of Medical Sciences, Beijing 100730, China

Yu-Guo Li, Department of Surgery of Second Affiliated Hospital, Dalian Medical College, Dalian 116023, Liaoning Province, China

Ru-Mei Jia, Yi-Kang Jiang, Shu-Ming Hao, Yu-Shu Liu, Department of Surgery of Second Affiliated Hospital, Hebei Medical College, Shijiazhuang 050035, Hebei Province, China

Author contributions: All authors contributed equally to the work.

Correspondence to: Dr. Zhu-Ming Jiang, Department of GI Surgery of Peking Union Medical College Hospital, Chinese Academy of Medical Sciences, Beijing 100730, China

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Abstract

AIM: To explain the diagnostic standard and therapeutic methods and lay emphasis on the importance to the treatment of nutrition support during the period of before and after operation through analysis of treatment of seven patients with gastrojejunal fistula (GJCF) and in combination of medical references concerned.

METHODS: Seven patients, all male averaging 32 years in age

(21-45), their primary illness was duodenal bulb ulcer; suture of perforation and large gastrectomy had been operated. GJCF had been found from 4 mo to 12 years after operation (averaging 52 mo), the chief symptom is abdominal pain, diarrhea, vomiting fecaloid substance and loss of body weight. GJCF had been diagnosed by barium enema examination.

RESULTS: Five patients were cured by primary excision of GJCF through TPN support before operation (including TPN and TEN after operation). Two patients died, one died of burst hemorrhage of upper digestive tract, the other died of fistula without TPN.

CONCLUSION: The common reason for GJCF is duodenal bulb ulcer and stoma ulcer perforated colon after large gastrectomy. It is mainly related to high acid. A diagnosis is based on personal illness and ex-operation history. Barium enema examination is the main method to diagnose. The key to successful operation is to improve the patients nutrition condition before and after operation during the period of treatment.

Key words: Gastrojejunal fistula/diagnosis; Gastrojejunal fistula/therapy; Gastrojejunal fistula/surgery; Nutritional support

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