

Why does percutaneous endoscopic gastrostomy fail to eliminate gastroesophageal reflux?

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Gastroesophageal reflux (GER) is a common problem in mechanically ventilated patients and contributes to the development of esophageal mucosal injury and even erosive esophagitis. The relationship between percutaneous endoscopic gastrostomy (PEG) and subsequent development of GER is complex and not well understood.

A research article to be published on November 21, 2009 in the [World Journal of Gastroenterology](#) addresses this question. The research team from Greece explored the factors that interfere with failure of PEG to reduce GER in critically ill, mechanically ventilated patients.

A cohort of 29 consecutive mechanically ventilated patients undergoing PEG was prospectively evaluated. The patients were divided into 2 groups based on whether GER decreased to less than 4% (responders, RESP group) or remained unchanged or worsened (non-responders, N-RESP group) after PEG placement. [Reflux esophagitis](#) and the gastroesophageal flap valve (GEFV) grading differed significantly between the two groups.

The researchers drew a conclusion that gastroesophageal reflux is not a contraindication for PEG tube placement. By identifying the factors that predict failure of PEG to decrease GER, their study may represent a reference in deciding which patients are likely to benefit from PEG tube placement and thus protect them from the development of esophagitis

and even ventilator-associated pneumonia.

Reference: Douzinas EE, Andrianakis I, Livaditi O, Bakos D, Flevari K, Goutas N, Vlachodimitropoulos D, Tasoulis MK, Betrosian AP. Reasons of PEG failure to eliminate gastroesophageal reflux in mechanically ventilated patients. World J Gastroenterol 2009; 15(43): 5455-5460, <http://www.wjgnet.com/1007-9327/15/5455.asp>

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