

Full-Thickness Jejunal Prolapse at Feeding Jejunostomy Site: A Rare Case Report

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Abstract:

Feeding jejunostomy is a well-established surgical procedure used to provide enteral nutrition in patients unable to maintain adequate oral intake, particularly in conditions such as post-corrosive esophageal stricture, upper gastrointestinal malignancies, and in patients undergoing major abdominal surgeries with anticipated prolonged recovery. It is preferred for preserving gut integrity, reducing septic complications, and improving nutritional status. Despite its safety and widespread use, it is associated with complications including infection, tube blockage, dislodgement, leakage, and less commonly, stoma-related issues.

Jejunostomy site prolapse is a rare but clinically significant complication characterized by protrusion of jejunal mucosa or full-thickness bowel through the stoma. Predisposing factors include inadequate fixation of the jejunum, large enterotomy, increased intra-abdominal pressure, poor nutritional status, and excessive tube manipulation. Clinically, it presents as a protruding, edematous, and sometimes congested bowel segment, often associated with pain, bleeding, and difficulty in feeding.

If not promptly managed, it may lead to serious complications such as ischemia, necrosis, and obstruction. Early recognition and timely intervention are therefore essential to prevent morbidity and ensure continued enteral nutrition. This poster highlights the clinical features, causes, and management of jejunostomy site prolapse, with emphasis on prevention and proper postoperative care.