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IMAGE

Intracolonic migration of Foley's catheter

A 50-year-old man had undergone an emergency loop jejunostomy for perforation of the jejunum with massive peritoneal contamination. Distal loop barium study, performed to rule out distal obstruction prior to jejunostomy closure, was normal. Mechanical cleansing of the distal bowel loop was performed daily by inserting a Foley's catheter, with the bulb inflated to use as an anchor. During one such distal bowel wash, the Foley's catheter slipped into the distal loop and could not be retrieved manually from the distal loop opening. An abdominal USG showed the entire Foley's catheter in the distal small bowel. Since there was no distal obstruction, two options of treatment were considered. viz, serially monitor the patient using imaging modality like USG and CT scans, or colonoscopic retrieval of the Foley's catheter. Serial CT scan after 24 hours and 48 hours showed unhindered passage of the Foley's catheter

from the small bowel to the distal large bowel (Fig.1). After 72 hours the patient spontaneously passed the catheter per rectum. He later underwent jejunostomy closure.

Utmost care should be taken of tubes used for bowel wash to prevent internal migrations. It may be a good policy to fix the external end of the catheter. If there is no distal loop obstruction, spontaneous expulsion may occur.

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Fig. 1 CT scan showing Foley's catheter in the proximal colon (left panel); 24 hours later, the catheter was seen in the splenic flexure of colon

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