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COMMENTARY

PEC for Ogilvie's

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Vanek et al. [1] demonstrated the utility and effectiveness of Percutaneous Endoscopic Cecostomy (PEC) for management of Ogilvie's Syndrome. I would add some potentially useful insights for those considering this procedure.

1. Placement need not be cecal. In fact, one of the author's tubes was placed in the ascending colon. Steenblik et al. [2] demonstrated that tubes placed higher in the abdomen have less variation in tract length between sitting and supine positioning. There may also be less seepage and more accessibility.
2. Technical refinements outlined in a previous paper [3] allow for both rapid re-intubation and avoidance of "cheese-wiring" at the splenic flexure, an under-appreciated complication of using the Ponsky PEG method for PEC.
3. When using the pull technique (e.g., Ponsky or Sacks-Vine) tube with a solid internal bolster there is no need for T-fasteners. These are only necessary for the introducer (e.g., Russell or balloon-tube) technique, as used by the interventional radiologists.
4. Vanek et al. pointed out that PEC is not only an under-appreciated but often an unrecognized option for Ogilvie's. It may also be underutilized for other indications, including antegrade enema in neurogenic bowel and chronic evacuation disorders, as well as sigmiodopexy for recurrent sigmoid volvulus in poor candidates for surgical sigmoidectomy.

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Declarations

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