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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/21233
DOI URL: http://dx.doi.org/10.21474/IJAR01/21233

RESEARCH ARTICLE

RYLES TUBE- COMMONLY FORGOTTEN ENTITY AFTER INSERTION

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Manuscript Info

Manuscript History
Received: 18 April 2025
Final Accepted: 21 May 2025
Published: June 2025

Key words:-
Ryles Tube, Post-Cricoid-Carcinoma, Dysphagia, Esophageal Injury, Head Injury

Abstract

Background: Ryles tube insertion is required for feeding purpose in many patients suffering from different kinds of diseases, especially neurological disorders and head injury where they are required for prolonged periods, thus merit regular and timely exchange of the same.

Case Report: A fifty-five-year-old male patient, not a known case of any chronic illness, chronic smoker and alcoholic for last twenty years, presented with gradually progressive dysphagia for last three months and on endoscopic evaluation was found to having post-cricoid with extension in upper esophagus. His computed tomography scan of chest and abdomen showed metastasis, hence surgical option was ruled out. In view of growth being squamous cell carcinoma, he was planned for radiotherapy and Ryle's tube was inserted under endoscopic guidance. The treating radiotherapist and family members were clearly explained for change of Ryle's tube, not later than two months or it becomes hard, whichever is earlier. His radiotherapy session was given over six months period but both the treating team and family members forgot to get it exchanged. Once, feed stopped to be given from blockage of Ryle's tube, then patient was brought for check endoscopy and change of Ryle's tube. On endoscopy, Ryle's tube was found to be kinked & stucked at gastroesophageal junction and it had become very hard. It was removed endoscopically tactfully with help of foreign body forceps. A new Ryle's tube was inserted and patient was observed over next one day and he was accepting feeds normally through new Ryle's tube. The patient, family members and treating team was again re-explained the need of timely change of Ryle's tube for preventing any complication.

Conclusion: Ryles tube insertion is a very common procedure done in plenty of needy patients on daily basis. Every procedure has its own complications which can be both immediate or delayed. Hence, awareness for the same is mandatory in treating team of doctors, patient and their family members for preventing complications of the same.

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Introduction:-

Ryle's tubes, also known as nasogastric tubes, are commonly used in medical settings for various purposes, including aspiration for removing stomach contents, such as in cases of poisoning or severe vomiting, feedingfor delivering nutrients directly into the stomach when a patient cannot eat orally and for Stomach decompression**,**to relieve pressure in the stomach, often in cases of bowel obstruction. A forgotten Ryle's tube refers to instances where, it is either lost or not fully removed after being used for feeding or aspiration which can lead to variouscomplications, including airway obstruction, perforation of the oesophagus or stomach, and even death**[1-3]**. Ryle's tube can become knotted, either due to patient movements or internal pressures, making removal difficult and potentially causing damage The preventive steps include careful insertion and removal procedures, verification of proper placement with X-rays or other imaging techniques is essential, regular monitoring of the tube's position & patency and ensuring the entire tube is removed when removal is indicated.

Case Report-

Afifty-five-year-old male patient,not a known case of any chronic illness, chronic smoker and alcoholic for last twenty years, presented with gradually progressive dysphagia for last three months and on endoscopic evaluation was found to having post-cricoid carcinoma with extension in upper esophagus. His computed tomography scan of chest and abdomen showed metastasis, hence surgical option was ruled out. In view of growth being squamous cell carcinoma, he was planned for radiotherapy and Ryle's tube was inserted under endoscopic guidance. The treating radiotherapist and family members were clearly explained for change of Ryle's tube, not later than two months or it becomes hard, whichever is earlier. His radiotherapy session was given over six months period but both the treating team and family members forgot to get it exchanged. Once, feed stopped to be given from blockage of Ryle's tube, then patient was brought for check endoscopy and change of Ryle's tube. On physical examination, the patient was conscious, co-operative and afebrile. The systemic examination including chest, cardiovascular and per abdominal examination was normal. The complete hemogram revealed hemoglobin of 9.7 g/dL with microcytic hypochromic picture, white blood cell counts 8,500/L with raised erythrocyte sedimentation rate (ESR) of 27. The renal function test, blood sugar, serum amylase & electrolytes, urine complete, thyroid & complete lipid profile, viral screen including hepatitis B, C, HIV, Electrocardiogram, chest x-ray and ultrasonogram abdomen were all essentially normal but liver function test showed hypoproteinemia and hypoalbunemia. On endoscopy, Ryle's tube was found to be kinked & stucked at gastroesophageal junction and it had become very hard. It was removed endoscopically tactfully with help of foreign body forceps. A new Ryle's tube was inserted and patient was observed over next one day and he was accepting feeds normally through new Ryle's tube. The patient, family members and treating team was again re-explained the need of timely change of Ryle's tube for preventing any complication.

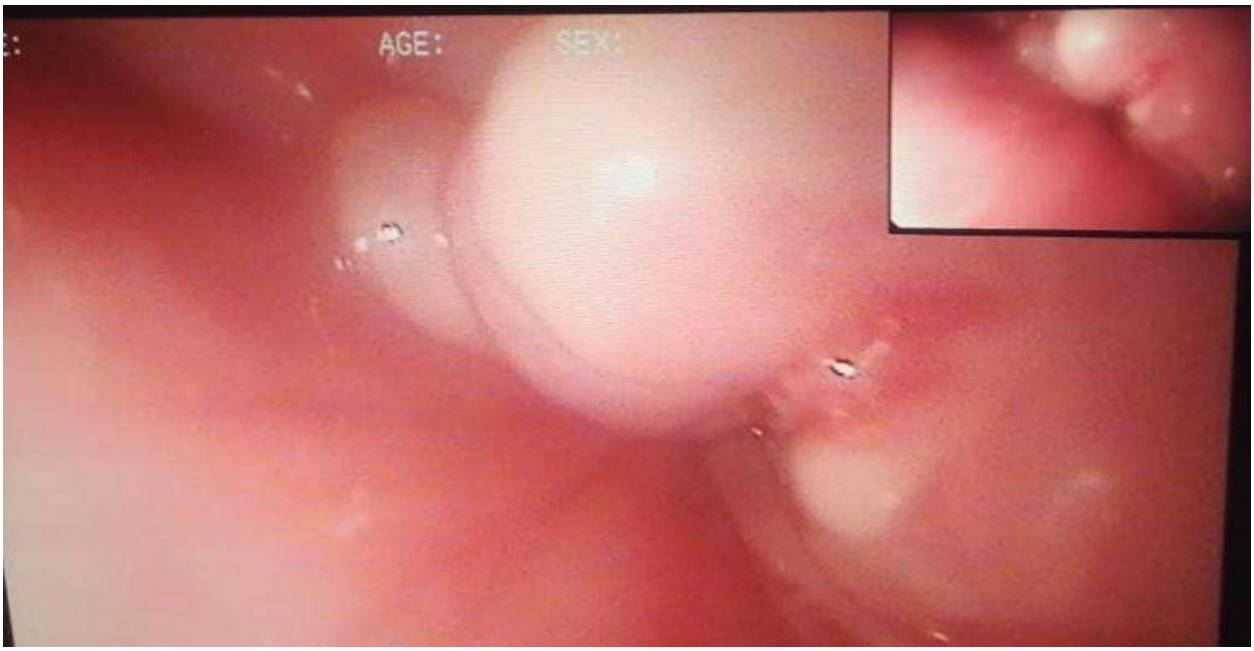

Figure 1:- Endoscopy Showing Post-Cricoid Carcinoma.

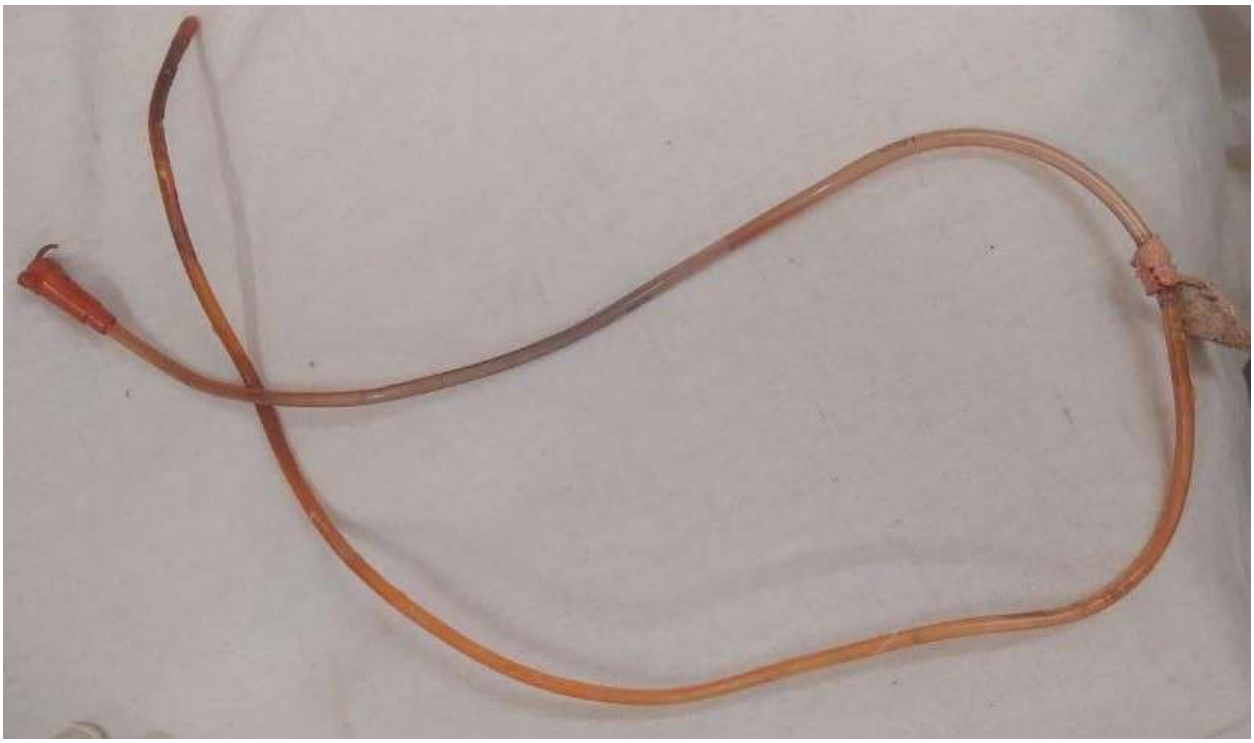

Figure 2:- Showing Forgotten Ryle's Tube Removed Endoscopically.

Discussion:-

There are many documented risks of using Ryle's tube, also known as nasogastric tube (NGT). The most common and life-threatening is due to malpositioned tubes causing potential aspiration, other's being respiratory distress, laryngeal trauma, pneumothoraxand esophageal perforation**[1-3]**. It is known that NGT maysnap and break off as occurred when it wasoriginally removed**[4].** The NGT may also become self-knotted and twisted causing problems with both insertionand removal**[5,6]**. The knotted or twisted NGT frequently becomes blocked and requiresreplacement. The knot is thought to be created in thestomach when the NGT tip passes through a coil of excesslength. On removal, the knot is tightened causing potentialproblems. At this time, it may bepainful and excess force is required. The knotted NGTmay even cause respiratory distress **[7]**.There had been case series of foreign bodies in gastro-intestinal tract, including Ryle's tube **[8].**

Conclusion:-

Ryle's tube insertion is a very common procedure done in plenty of needy patients on daily basis. Every procedure has its own complications which can be both immediate or delayed. The immediate complications like misplacement or aspiration pneumonitis usually come in notice early and sorted out but timely removal or exchange is forgotten many times. Hence, awareness for the same is mandatory in treating team of doctors, patient and their family members for preventing complications of the same.

Conflict Of Interest-

The authors declare that there was no conflict of interest and no financial help was taken from any source for publishing of this case report

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