



IMAGES IN INTENSIVE MEDICINE

Aerobilia: an unexpected complication after nasogastric tube placement



Aerobilia como complicación tras la colocación de sonda nasogástrica

María Montes Aranguren^{a,*}, Yanina Luz Verneti^b, Raúl Vicho Pereira^c

^a Servicio Medicina Intensiva, Hospital Clínico Universitario, Zaragoza, Spain

^b Servicio Medicina Intensiva, Hospital Iturraspe, San Francisco, Córdoba, Argentina

^c Servicio de Medicina Intensiva, Clínica Rotger Quirónsalud, Palma, Baleares, Spain

Available online 26 October 2023

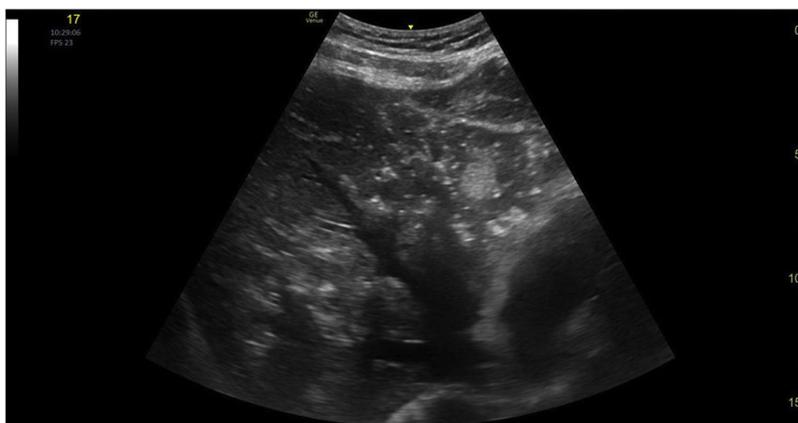


Figure 1

DOI of original article: <https://doi.org/10.1016/j.medin.2023.08.008>

* Corresponding author.

E-mail address: mpmontes@salud.aragon.es (M. Montes Aranguren).

<https://doi.org/10.1016/j.medine.2023.10.005>

2173-5727/© 2023 Elsevier España, S.L.U. and SEMICYUC. All rights reserved.

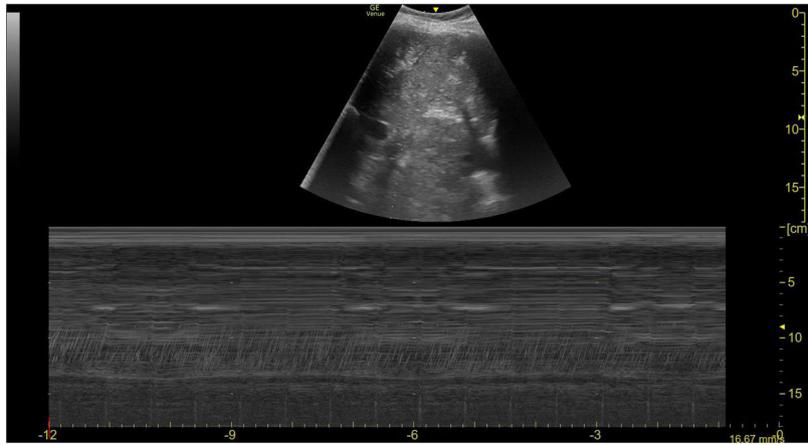


Figure 2

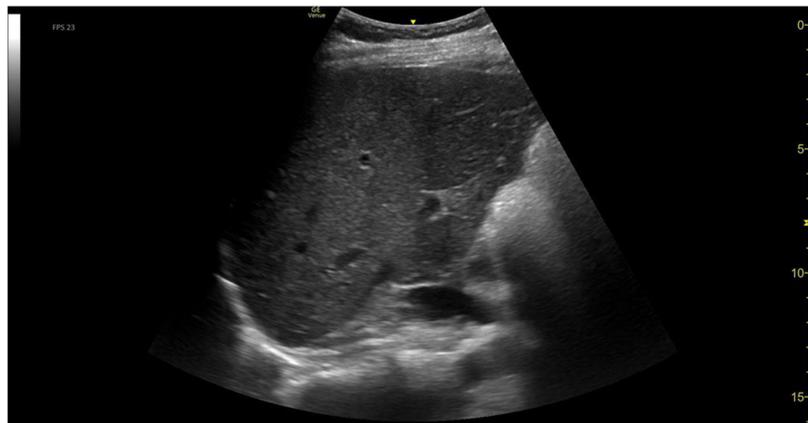


Figure 3

We report the case of a 53-year-old woman admitted to the intensive care unit (ICU) due to bilateral intraparenchymal hemorrhage requiring mechanical ventilation. Following the insertion of a nasogastric tube, the hepatic ultrasound reveals the presence of multiple heterogeneous hyperechoic images (Fig. 1). Microbubbles were also identified, on M-mode, in the portal vein and its visible branches (Fig. 2).

A follow-up ultrasound performed 8 h later confirmed the disappearance of all these findings (Fig. 3).

These events are indicative of aerobilia due to the infusion of air for epigastric region auscultation of the correct placement of the nasogastric tube, which is probably in the duodenum with an incompetent papilla.