MEGA JOURNAL OF CASE REPORTS

OPEN ACCESS

Letter to the Editor

Compiled Date: July 16, 2026

An Unusual Complication of a Foley Catheter Used as a Tube Duodenostomy Following Damage Control for Traumatic Duodenal Injury

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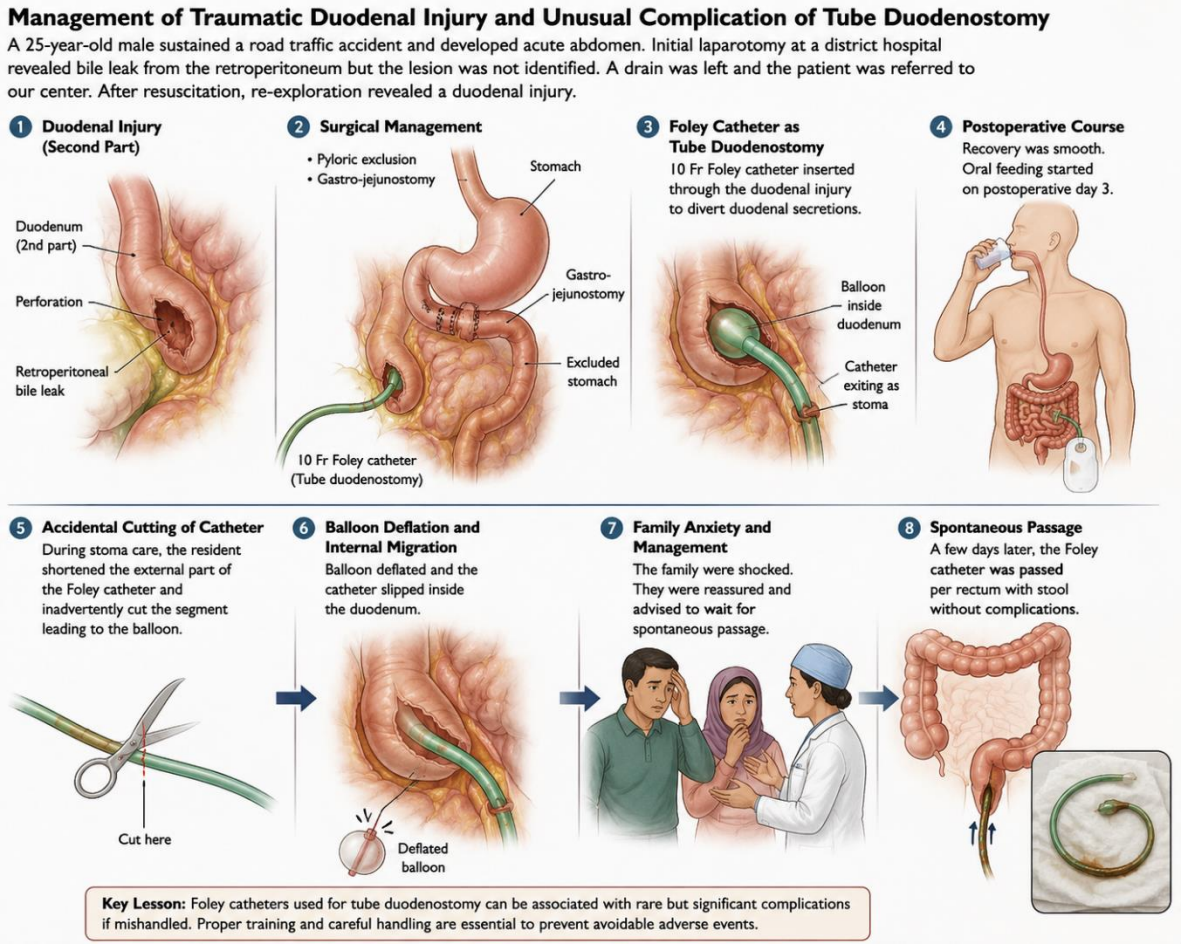
Letter to the Editor

Dear Editor,

Traumatic duodenal injuries remain challenging because of delayed diagnosis, complex surgical management, and postoperative complications [1–4]. We report an unusual complication related to the use of a Foley catheter as a tube duodenostomy [3–5]. A 25-year-old man sustained blunt abdominal trauma following a road traffic accident. Initial laparotomy at a district hospital identified retroperitoneal bile leakage without localization of the injury. After referral, re-exploration revealed a perforation in the second part of the duodenum. The patient underwent pyloric exclusion, gastrojejunostomy, and tube duodenostomy using a 10-Fr Foley catheter placed through the duodenal defect [1,3]. Recovery was uneventful, and oral feeding commenced on postoperative day three.

Unexpectedly, during postoperative stoma care, the external portion of the Foley catheter was inadvertently shortened, resulting in accidental transection of the balloon inflation channel. Balloon deflation allowed complete intraluminal migration of the catheter, causing considerable anxiety for the patient and family. Conservative management was adopted, and the catheter was passed spontaneously per rectum several days later without adverse consequences. This appears to represent a rare and previously underreported technical complication.

This case highlights an avoidable complication and emphasizes the importance of staff education regarding the handling of Foley catheters used for surgical diversion [3–5]. Awareness of this rare event may prevent unnecessary interventions and improve postoperative safety.



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Citation of this Article

Al Ani AH. An Unusual Complication of a Foley Catheter Used as a Tube Duodenostomy Following Damage Control for Traumatic Duodenal Injury. Mega J Case Rep. 2026;9(7):2001-2003.