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Duopa AbbVie® PEG-J Tube: An Educational Case Series on Placement, Complications, and Management for Interventional Radiologists

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Introduction

Parkinson's disease is a neurodegenerative disorder in which the dopaminergic neurons located within the substantia nigra degenerate and gradually overtime will present with the classical symptoms related to the loss of motor control: resting tremor, rigidity, akinesia, postural stooping, and shuffling gait (TRAPS).¹ Standard of care is to begin oral pharmacological therapy that includes Levodopa/Carbidopa.^{2,3} When oral therapy is no longer effective or it is precipitating adverse effects, alternative therapy is considered.⁴

Levodopa/Carbidopa intestinal gel (LCIG) therapy allows for continuous delivery of the medication with the goal to limit the amount of time the patient is experiencing symptoms. Interventional radiology (IR) is consulted for placement of the GJ tube used to administer LCIG.

Methods

Nine patient cases were retrospectively analyzed using the Electronic Medical Record (EMR) to assess whether there was a difference in the number of interventions required due to tube malfunctions when comparing patients who received the AbbVie® PEG-J tube versus a more common French MIC GJ tube.

Results

Out of the five patients who were started on the AbbVie® PEG-J tube, four were required to change to a French MIC GJ tube due to complications related to bezoar formation, J lumen displacement, and tube clogging. Gastrointestinal (GI) consultation was required for AbbVie® PEG-J tube patients, which prolonged return to LCIG therapy.

Conclusion

Overall, data supports that the use of the AbbVie® PEG-J tube has more negative implications on LCIG administration when factoring into account both the number of interventions and time required to correct tube malfunction.

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