Successful repair of wide traumatic rectal perforation using over-the-scope clip ▶





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submitted 6.8.2019 accepted after revision 30.9.2019

Bibliography

DOI https://doi.org/10.1055/a-1093-0778 | Endoscopy International Open 2020; 08: E548–E549 © Georg Thieme Verlag KG Stuttgart · New York eISSN 2196-9736

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ABSTRACT

Background and study aims We report on a case of a traumatic rectal perforation that occurred in a 16-year-old girl, which was successfully treated using an over-the-scope clip, avoiding major surgery and stoma.

Introduction

The over-the-scope clip (OTSC) (Ovesco Endoscopy GmbH, Tübingen, Germany), designed for tissue approximation, is already recommended as first-line endoscopic treatment for endoscopic acute iatrogenic perforation [1]. To the best of our knowledge, no data regarding gastrointestinal traumatic, not iatrogenic, perforation repaired with the use of OTSC, are available.

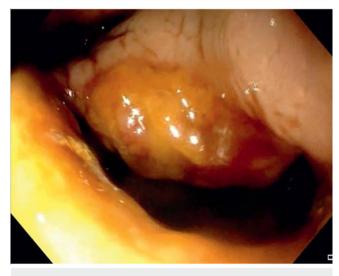
Case report

A 16-year-old girl was referred to the emergency room for copious rectal bleeding and secondary syncope, due to violent trauma. Computed tomography (CT) scan and subsequent colonoscopy revealed a voluminous pelvic hematoma and a 35 – to 40-mm irregular full-thickness defect, located in the posterior rectal wall, about 30 mm from the dentate line (**Fig. 1**).

Because of the lesion's features and the acute setting, an OTSC was placed (12/6mm, traumatic type) using the OTSC twin grasper (Ovesco Endoscopy GmbH, Tübingen, Germany) (**Fig. 2**). This auxiliary device has two jaws which can be opened separately, allowing better gaping edges approximation.

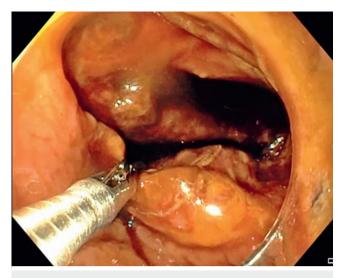
The entire procedure was performed under deep sedation, using CO_2 insufflation \triangleright Video 1.

The endoscopic treatment was effective, as confirmed after contrast medium injection and CT scan.

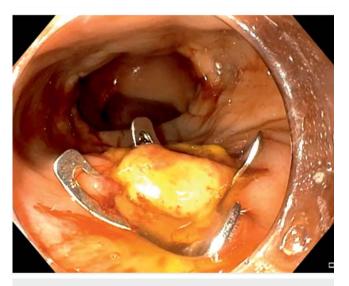


► Fig. 1 35- to 40-mm irregular full-thickness defect of the posterior rectal wall.

A Few days later, second endoscopic look confirmed complete sealing of the defect and the patient was discharged home (**Fig. 3**).



▶ Fig. 2 Edges approximation with OTSC twin grasper.



► Fig. 3 Complete sealing of the defect.

Conclusion

In conclusion, OTSC with a twin grasper can successfully treat wide traumatic rectal perforation, avoiding major surgery with definitive or temporary stoma, especially in a young patient.



▶ Video 1 Full-length video showing the entire successful repair of wide traumatic rectal perforation using OTSC

Competing interests

The authors declare that they have no conflict of interest.

Reference

[1] Paspatis GA, Dumonceau JM, Barthet M et al. Diagnosis and management of iatrogenic endoscopic perforations: European Society of Gastrointestinal Endoscopy (ESGE) Position Statement. Endoscopy 2014; 46: 693–711