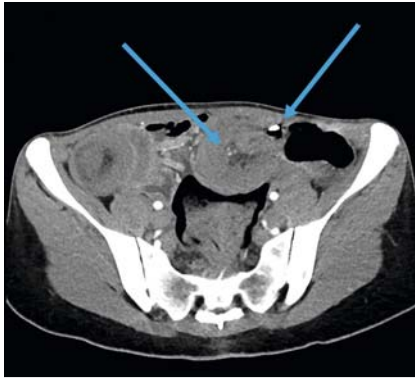


Ileoileal intussusception treated by polypectomy with spiral enteroscopy in Peutz–Jeghers syndrome

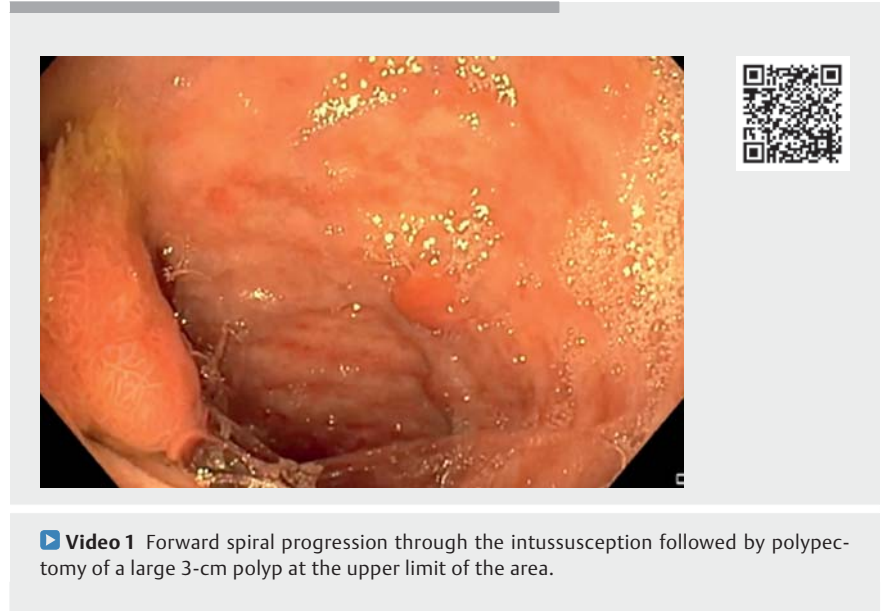


► **Fig. 1** Computed tomography just after enteroscopy: ileoileal intussusception with hemostatic clip above the area (arrows).



► **Fig. 2** Computed tomography 7 days after enteroscopy: resolution of the intussusception. The clip can still be seen in the left lower quadrant (arrow).

For two decades, deep enteroscopy using instruments such as double-balloon systems (Fujifilm, Tokyo, Japan) has enabled resection of small-bowel polyps in patients with Peutz–Jeghers syndrome [1]. However, these techniques are time consuming, which has been a major limitation. Motorized spiral enteroscopy (MSE; Olympus Medical, Tokyo, Japan) is a recent advancement in this field; however, very limited data on the efficacy of MSE are available [2, 3]. In a recent European prospective study in patients with sus-



► **Video 1** Forward spiral progression through the intussusception followed by polypectomy of a large 3-cm polyp at the upper limit of the area.

pected small-bowel disease, MSE showed a diagnostic yield of 74%, a total enteroscopy rate of 10%, and a low rate of major adverse events (1.5%) [2].

We report the case of a 42-year-old woman with Peutz–Jeghers syndrome, referred to our center because of ileoileal intussusception confirmed by computed tomography (CT). She underwent retrograde enteroscopy with MSE.

The enteroscope was gently conducted through the intussusception by forward spiral progression, revealing a large 3-cm polyp at its upper limit. The lesion was resected in one piece with hot snare polypectomy following submucosal injection (► **Video 1**); other similar polyps (0.5–3 cm), situated below the area, were also resected. The largest lesion underwent prophylactic clip closure of the defect using a hemostatic clip (Resolution 360; Boston Scientific, Marlborough, Massachusetts, USA (► **Fig. 1**)). The total procedure time was 60 minutes, including 30 minutes for resections. There were no reported major complications

after the procedure, only minor bleeding without hemoglobin drop. CT performed 7 days after enteroscopy confirmed resolution of the intussusception (► **Fig. 2**), and the patient reported no abdominal symptoms.

This is the first description of an ileoileal intussusception caused by a large hamartomatous polyp being passed through using MSE, allowing polyp treatment and delayed resolution of the intussusception. MSE is thus an effective and promising diagnostic and therapeutic technology for small-bowel disease, requiring only standard endoscopy skills.

Endoscopy_UCTN_Code_TTT_1AP_2AD

Competing interests

M. Pioche and J.C. Saurin are co-investigators for Olympus spiral enteroscopy multicenter study.

The authors

Pierre Lafeuille, Laura Calavas, Olivier Ragi, Thomas Lambin, Mathieu Pioche, Jean-Christophe Saurin

Department of Endoscopy and HepatoGastroenterology, Pavillon L, Edouard Herriot Hospital, Lyon, France

Corresponding author

Jean-Christophe Saurin, MD, PhD

Endoscopy Unit, Digestive Disease Department, Pavillon L – Edouard Herriot Hospital, 5 Place d'Arsonval, 69437 Lyon Cedex, France
jean-christophe.saurin@chu-lyon.fr

References

- [1] Gorospe EC, Alexander JA, Bruining DH et al. Performance of double-balloon enteroscopy for the management of small bowel polyps in hamartomatous polyposis syndromes. *J Gastroenterol Hepatol* 2013; 28: 268–273
- [2] Beyna T, Arvanitakis M, Schneider M et al. Motorised spiral enteroscopy: first prospective clinical feasibility study. *Gut* 2021; 70: 261–267
- [3] Ramchandani M, Rughwani H, Inavolu P et al. Diagnostic yield and therapeutic impact of novel motorized spiral enteroscopy in small-bowel disorders: a single-center, real-world experience from a tertiary care hospital (with video). *Gastrointest Endosc* 2020. doi:10.1016/j.gie.2020.07.001

Bibliography

Endoscopy 2022; 54: E57–E58
DOI 10.1055/a-1382-8060
ISSN 0013-726X
published online 5.3.2021
© 2021. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at
<https://mc.manuscriptcentral.com/e-videos>