Endoscopic treatment of colonic acute iatrogenic perforations (AIPs) recognized during or shortly after the procedure has been recommended as a first-line approach [1–5], even for perforations occurring during diagnostic colonoscopies, which are considered larger than those occurring during therapeutic colonoscopies. However, the approximate time frame has not been defined. Experts recommend the marginal time of 4 hours after the colonoscopy. We report the closure of an AIP with an over-the-scope (OTS) clip, mounted on a gastroscope, 4 hours after the endoscopic view of the defect.

A 71-year-old woman was referred to our unit for treatment of a full-thickness AIP at the sigmoid colon, endoscopically diagnosed 4 hours earlier during a screening colonoscopy. Initially, through-the-scope clips were used by the endoscopist to close the defect. However, the closure was not considered secure and the patient was referred to our hospital. The abdominal computed tomography scan revealed the presence of extraluminal gas without presence of colonic contents. Despite the patient’s good general condition, we decided to proceed with a new colonoscopy.

A 1.5 cm defect was identified at the sigmoid colon and it was decided to attempt closure using an OTS clip (Fig. 1). However, advancement of the mounted colonoscope was impossible due to adhesions. It was therefore decided to attempt application of an OTS clip with smaller diameter and mounted on the tip of a gastroscope. The mounted gastroscope was advanced to the perforation site and the clip was applied, closing the defect (Fig. 2, Video 1). The patient was uneventfully discharged 3 days later.

What does this case add? First, it might be reasonable to attempt the endoscopic closure of a colonic AIP, even in the marginal time frame of 4 hours. Second, gastroscope-assisted OTS clip placement could be considered as a rescue treatment for cases with difficulty in accessing the colonic defect.

The authors declare that they have no conflict of interest.

The authors

Pinelopi Nicolaou1, Magdalini Velegraki1, Despoina Arna1, Andrew Psistakis1, Emmanouil Bachlitzanakis2, Matthaios Flamourakis2, Gregorios A. Paspatis1

1 Department of Gastroenterology, Benizelion General Hospital, Heraklion, Crete, Greece
2 Department of Surgery, Benizelion General Hospital, Heraklion, Crete, Greece

Endoscopy_UCTN_Code_CPL_1AJ_2AG

Competing interests

The authors declare that they have no conflict of interest.
References


Bibliography

Endoscopy
DOI 10.1055/a-1889-5278
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)
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