A 79-year-old man underwent a colonoscopy with rectal adenomatous polyp removal. As the colonoscope traversed the sigmoid colon, the operator felt a small ‘pop’. An abdominal computed tomography scan revealed extraluminal air in the retroperitoneum. Surgical consultation suggested repair of the perforation by using a combined endoscopic and laparoscopic approach. A 5-mm transmural perforation was found in the sigmoid colon (Fig. 1). Endoclips (Resolution clips; Boston Scientific, Boston, Massachusetts, USA) were applied to the mucosal side of the perforation with a colonoscope as well as laparoscopic assistance. The laparoscope was used to manipulate the colon externally from the serosal side, bringing the perforation to face the colonoscope directly, and avoiding tangential placement of the endoclips (Fig. 2).

Three endoclips were deployed without complication (Fig. 3). A water irrigation test was performed: the proximal bowel was clamped and then the area of repaired perforation was placed under water from the serosal side, bringing the perforation to face the colonoscope directly, and avoiding tangential placement of the endoclips.

Our approach with endoclips and laparoscopy provided a prompt repair of the colonic perforation and improved the outcome for the patient, who had an earlier discharge on the fourth postoperative day.

### Table 1

<table>
<thead>
<tr>
<th>Reference</th>
<th>Site of perforation</th>
<th>Time to recognition</th>
<th>Time to endoscopic surgery</th>
<th>Procedure</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoshikane et al. 1997</td>
<td>Descending colon</td>
<td>Immediate</td>
<td>Promptly</td>
<td>Endoclipping</td>
<td>14 days</td>
</tr>
<tr>
<td>Mana et al. 2001</td>
<td>Sigmoid colon</td>
<td>Immediate</td>
<td>Promptly</td>
<td>Endoclipping</td>
<td>&gt; 1 week</td>
</tr>
<tr>
<td>Dhalla 2004</td>
<td>Cecum</td>
<td>Immediate</td>
<td>Promptly</td>
<td>Endoclipping</td>
<td>Not described</td>
</tr>
<tr>
<td>Barbagallo et al. 2007</td>
<td>Right flexure</td>
<td>Immediate</td>
<td>Promptly</td>
<td>Endoclipping</td>
<td>8 days</td>
</tr>
<tr>
<td>Senadhi et al. (December 2007; current report)</td>
<td>Sigmoid colon</td>
<td>Immediate</td>
<td>&lt;12 h for endoscopic and laparoscopic repair</td>
<td>Endoclipping and laparoscopic repair</td>
<td>4 days</td>
</tr>
</tbody>
</table>

### Competing interests:
None

Endoscopy_UCTN_Code_TTT_1AQ_2AG
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References

2 Mana F, De Vogelaere K, Urban D. Iatrogenic perforation of the colon during diagnostic colonoscopy: endoscopic treatment with clips. Gastrointest Endosc 2001; 54: 258–259

Bibliography

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