Conservative management of a late rectal perforation following cold biopsy polypectomy

Bowel perforation is a rare complication of endoscopic polypectomy [1]. It may result from excessive stretching of the bowel wall during the movements of the endoscope, barotrauma, or as a direct result of endoscopic therapy or tissue sampling [1]. We report the case of a 55-year-old man with a familial history of colon cancer and previous endoscopic removal of adenomas in the descending colon who underwent a follow-up colonoscopy. The examination, which was easily carried out to the cecum, revealed a 4-mm sessile polyp in the rectum (8 cm from the anal verge), removed with cold biopsy. The patient presented to the emergency room 2 days later with fever (39°C), and severe abdominal pain and distension. Hematological investigations showed a white cell count of 16 700/μL with granulocytosis (95.3%) and a C-reactive protein level of 28.68 mg/dL. Physical examination revealed tenderness in the lower abdomen. No free air was seen on both abdominal and chest radiographs. The patient then underwent urgent computed tomography (CT) of the abdomen, which showed rectal perforation with a collection in the perirectal space (Fig. 1a) without pneumoperitoneum (Fig. 1b). The patient improved with conservative management that included bowel rest and intravenous antibiotics and was discharged 1 week later. After 1 month a repeat abdominal CT scan showed normal findings (Fig. 2a, b).

Endoscopy_UCTN_Code_CPL_1AJ_2AC

Competing interests: None

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DOI http://dx.doi.org/10.1055/s-0032-1325859
Endoscopy 2012; 44: E430
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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Luigiano C et al. Conservative management of a late rectal perforation… Endoscopy 2012; 44: E430