Over-the-scope-clipping in colonic perforation caused small-bowel fixation and pneumoperitoneum requiring surgical repair

Perforations during endoscopy can be treated using through-the-scope clips or the over-the-scope clip (OTSC) [1–3]. The rate of successful perforation closure using the OTSC has been reported to be approximately 89% with an acceptable morbidity and mortality rate of 3% [3,4]. Nevertheless, this method may also entail some risks, as shown here in a 62-year-old man who was referred for colonoscopy because of abdominal pain and melena. During diagnostic colonoscopy a 3-mm perforation ostium was noticed in the sigmoid (Fig. 1). The colonoscope was withdrawn and an OTSC (OTSC System Set 11/6 a; Ovesco, Tübingen, Germany) was then applied via suction to the co-lonic wall and the ostium of the perforation was then applied via suction to the co-lonic wall and the ostium was placed directly in the cap of the OTSC and the defect was then sealed off by suction only that was applied in this case, would have avoided this major complication. Therefore, in colonic perforations separate approximation of each wound edge, using the “Twin Grasper” with good visualization, is warranted before release of the OTSC.

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