A novel clip-assisted method for endoscopic removal of an impacted toothpick from the colon

Fig. 1 A 14-year-old boy presented with pain in the right iliac fossa and hypogastrium, nausea, headache, and fever, and had experienced an episode of diarrhea. Laboratory tests showed leukocytosis and elevation of C-reactive protein. Inconclusive radiological evaluation with abdominal ultrasound showed inflammatory changes of mesenteric fat in the right iliac fossa and hypogastrium. Abdominal computed tomography showed a thickening of the wall of the sigmoid colon, about 23 cm from the anal margin, fat stranding, and an extraluminal air bubble. The cecal appendix was unchanged. Completion of the examination using rectal contrast showed an image suggestive of a foreign body causing perforation of the colon (Fig. 1).

An endoscopic examination was done, with bowel preparation using only 1000 mL of glycerin enema administered rectally. A toothpick was seen to be piercing the wall of the sigmoid colon (Fig. 2). The available tools did not allow us to grasp the toothpick in such a way that we could free it from the sigmoid wall. We therefore attached a metal clip (HX 610-135, disposable endoscopic; Olympus Medical, Japan) to the toothpick; a polypectomy snare (Captivator, small oval, stiff, 13 mm; Boston Scientific, Costa Rica) was closed around the clip. We then used traction and countertraction movements, to remove the toothpick from the colonic wall (Fig. 3).

The patient progressed satisfactorily, without complications and was discharged after 48 hours. He was ingesting a bland diet, had normal bowel movements, and was taking oral antibiotics. He had no complaints at outpatient 15-day follow-up and was discharged to return to normal daily activities.

Competing interests: None
References


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Bibliography

DOI http://dx.doi.org/10.1055/s-0042-110998
Endoscopy 2016; 48: E259–E260
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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