

Fracture and entrapment of a snare as a complication of colonoscopic polypectomy

UCTN

Colonoscopy is associated with a small but definite risk of complications, and the complication rate ranges from 0.4% to 10% for therapeutic procedures [1,2]. The most common complications are bleeding and perforation. We report here an unusual complication of colonoscopy with polypectomy.

A 66-year-old man was admitted to our endoscopy unit as a result of a snare-loop rupture that had occurred during an endoscopic polypectomy performed in another hospital. At colonoscopy we found a broken snare entrapped in a residual polyp stalk in the sigmoid colon (Figure 1). We tried to take hold of and retrieve the snare using a biopsy forceps but this was not possible. The two pieces of the fractured snare were far apart and it was not possible to pass another snare to the base of the stalk in order to remove it and the entrapped snare. We then decided to remove small pieces of stalk tissue using a hot biopsy forceps until the snare was movable and could be retrieved without complications (Figure 2). Finally, we completed the procedure by removing the residual polyp stalk. The patient made an uneventful postoperative recovery.

Snare rupture is a very rare complication. We found only two cases described in the literature and these occurred when the snare passed through the duodenoscope elevator channel [3,4]. We are not aware of any such cases occurring during a routine colonoscopy and polypectomy. Because of its rarity, snare fracture could pose a challenge for the endoscopist as there is no standard procedure to follow. The technique described here could be an effective and safe method for removal of an entrapped snare.

Endoscopy_UCTN_Code_CPL_1AJ_2AC

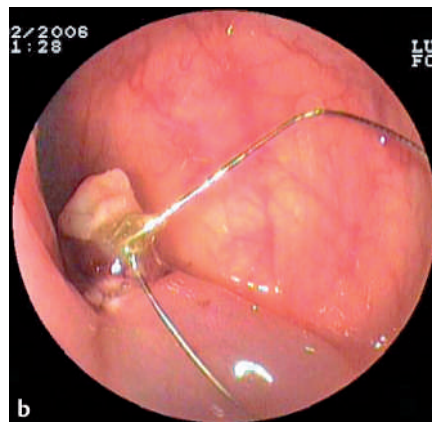
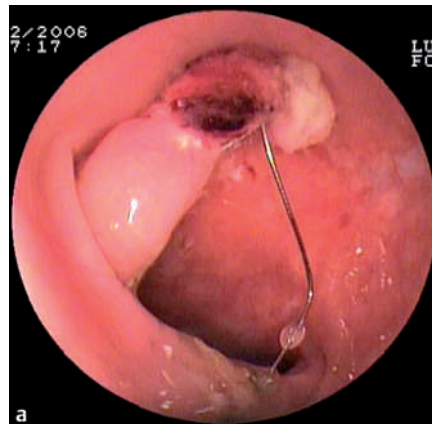


Figure 1 Endoscopic views of the snare entrapped in the residual polyp stalk.

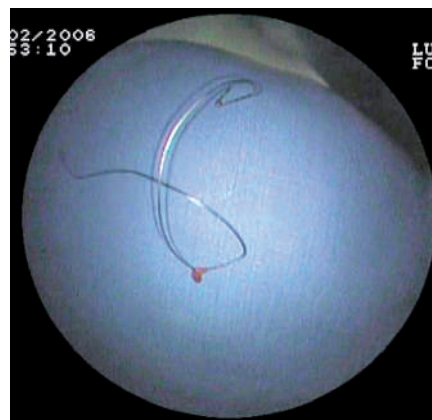


Figure 2 The fractured snare after retrieval.

A. Pezzoli, V. Cifalà, L. Simone, N. Fusetti, D. Cantarini, A. Zelante, S. Gullini

Department of Gastroenterology and Endoscopy Unit, University Hospital Sant' Anna, Ferrara, Italy.

References

- 1 Froehlich F, Gonvers JJ, Vader JP et al. Appropriateness of gastrointestinal endoscopy: risk of complications. *Endoscopy* 1999; 31: 684–686
- 2 Heldwein W, Dollhopf M, Rösch T et al. The Munich Polypectomy Study (MUPS): prospective analysis of complications and risk factors in 4000 colonic snare polypectomies. *Endoscopy* 2005; 37: 1116–1122
- 3 Rajjman I, Kortan P, Pinches L et al. Snare fracture during endoscopic papillectomy. *Gastrointest Endosc* 1994; 40: 120
- 4 Ramirez FC, Walker CJ, Sanowski R. Guillotining the polypectomy snare: a proposed method for avoiding this complication. *Gastrointest Endosc* 1995; 41: 268

Corresponding author

A. Pezzoli, M. D.

Department of Gastroenterology and Endoscopy Unit
University Hospital Sant' Anna
Corso Giovecca 203
44100 Ferrara
Italy

Fax: +39-0532236932
Email: a.pezzoli@ospfe.it