Argon plasma coagulation (APC) is a well-established tool to treat lesions of the gastrointestinal mucosa, such as angiodysplasias [1]. Cases of colon perforation after gas explosion caused by APC have been recorded since 1976 [2], especially after preparation with mannitol [3], which seemed to increase hydrogen gas production. Newer data suggest that stools remaining in an incompletely cleaned bowel may be the main cause for explosive gas production, rather than the type of chemical cleaning agent [4].

A 69-year-old patient initially presented to the emergency room with dyspnea and tachycardia, caused by substantial iron deficiency anemia. Upper gastrointestinal endoscopy did not show any sign of perforation, such as free air in the abdomen, until 2 days after colonoscopy (Figure 3). Laparotomy was carried out, and two perforations of the ascending colon and the cecum were found. A right-sided hemicolecotomy was performed. The histological examination confirmed the sites of perforation, which did not match the site of the treated angiodysplasia. The patient’s condition improved.

Endoscopy_UCTN_Code_CPL_1AJ_2AZ

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Endoscopy 2007; 39: E182
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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Gas explosion caused by argon plasma coagulation of colonic angiodysplasias

Figure 1 Angiodysplasia of the right-sided colon before treatment.

Figure 2 Angiodysplasia after treatment with argon plasma coagulation.

Figure 3 Free air on abdominal radiograph 2 days after intervention.