Colon perforation is an uncommon complication during diagnostic colonoscopy. The rate is as low as 0.02% of all cases [1]. Perforation is more likely to occur during therapeutic procedures [2], or if an underlying colonic disease is present. Another unusual mechanism is barotrauma caused by excessive insufflation and retention of air [3]. Our case might be included in the latter group: no therapeutic intervention was made, and no concomitant disease was present. The only underlying factor might have been the patient’s age, but colonoscopy appears to be safe in the elderly [4]. The presence of a straightened colon lumen could have promoted air accumulation and blocked its elimination, inducing excessive pressure at the right colon, causing cecal perforation. The management of these perforations is, in most cases, surgical. However, a conservative approach can be taken in selected cases. In our patient, surgical therapy was decided because of the peritoneal irritation and with the intention of curing the sigmoid neoplasia.