



CLOSURE OF A PERFORATION AFTER A SALINE-ASSISTED POLYPECTOMY

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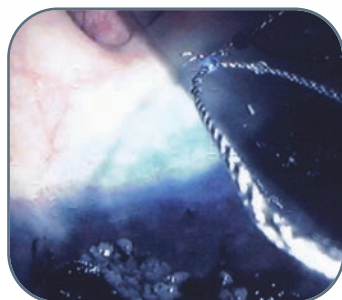


Figure 1

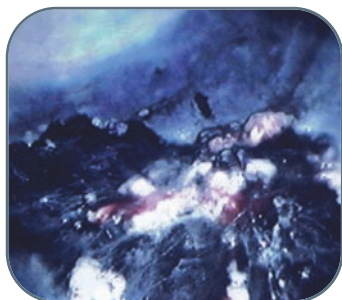


Figure 2

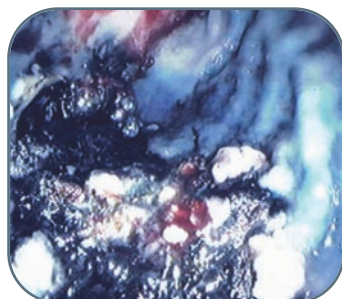


Figure 3



Figure 4

HISTORY

An 87-year-old male presented with a 3 month history of rectal bleeding. The patient had no weight loss, change in bowel habit or abdominal pain. His past medical history was relevant for coronary artery disease with coronary bypass, hypertension and hyperlipidemia. He was on Coumadin, altace, lipitor and atenolol. Upon examination, the abdomen was found to be obese.

PROCEDURE

The patient had a colonoscopy by a general surgeon and was found to have an 8 cm rectal mass. The biopsy proved to be a tubulovillous adenoma with high grade dysplasia and the patient was referred for a polypectomy. The risks of the procedure such as perforation, bleeding or serious side effects were discussed with the patient and he consented to the procedure.

The polyp was endoscopically removed with saline-assisted injection in a piece meal fashion (Figure 1). The edges were coagulated with Argon Plasma coagulation at 40W (Figure 2). During the procedure it was noted that the middle of the polypectomy base was open and the plane was obviously through the submucosa (Figure 3). The base of the polyp was then clipped closed with 16 Resolution® Clips (Figures 4, 5 & 6).

After the procedure the patient was taken to recovery, given antibiotics IV and 3 views of the abdomen were taken with no free air seen. The patient was stable and wanted to go home. He was put on PO antibiotics for 7 days. The patient was seen within one week and had no symptoms or signs of perforation and was stable.

POST PROCEDURE

Six months later, the patient had a flexible sigmoidoscopy and there was no evidence of residual polyp. A scar was found and biopsies taken from it revealed normal mucosa. This case demonstrates the utility of clips and gives endoscopists another modality to increase their therapeutic arsenal.



Figure 5

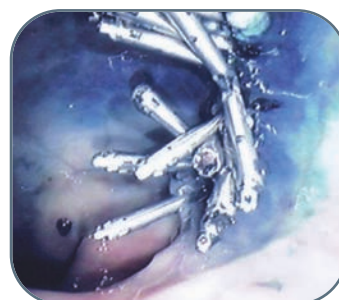


Figure 6