



CLOSURE OF AN IATROGENIC PERFORATION AFTER AN ENDOSCOPIC MUCOSAL RESECTION

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HISTORY

A 72-year-old female was referred to our center for an endoscopic mucosal resection. The patient has a history of coronary heart disease, st.p. myocardial infarction in 2000, arterial hypertension, hyperlipidaemia and osteoporosis.

In February 2005, the referring hospital performed a partial rectal polypectomy. In the last pre-colonoscopy examination, a recurrent flat polypoid formation was discovered in the rectum.

PROCEDURE

An approximately 2.5 cm flat adenoma could be seen in the rectum at 8 cm. In the center of the lesion, scar tissue after the partial polypectomy in 2005 was readily distinguishable (Figure 1).

Fluid infiltration of the polyp revealed good lifting sign. Utilizing a straight suction cap, the lesion was totally resected in 4 fragments using a piecemeal technique with a cautery snare.

A 12 mm perforation was revealed upon retrieval of the last fragment (Figure 2). By applying 7 Resolution® Clips, the perforation edges could be properly aligned step-by-step and the perforation successfully closed (Figure 3, 4 and 5).

HISTOLOGICAL FINDINGS

Flat tubular partially tubulovillous adenoma with low to moderate grade intraepithelial neoplasia, the muscularis mucosae overall intact – resection in toto.

POST PROCEDURE

The patient was kept under clinical observation for several days. There was no increase of inflammatory parameters upon serological examination and no clinical signs of peritonitis. After 2 days, the patient was introduced to a dietary regimen which was well tolerated. A surgical intervention was not necessary and after 4 days the patient was discharged.



Figure 1



Figure 2



Figure 3

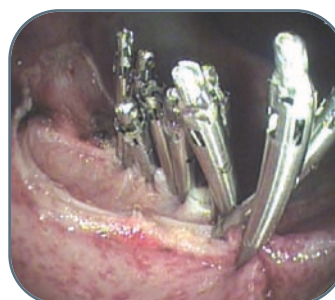


Figure 5

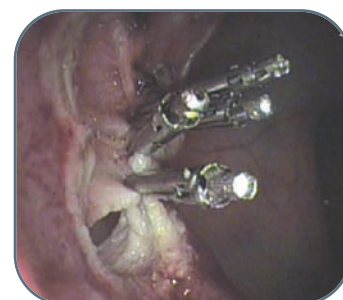


Figure 4