



## CLOSURE OF AN IATROGENIC COLON PERFORATION WITH ENDOSCOPIC CLIPS

Francisco Igea, M.D.

Gastroenterology Department, Hospital Rio Carrion, Palencia, Spain



Figure 1

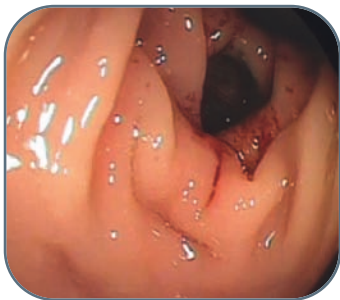


Figure 2

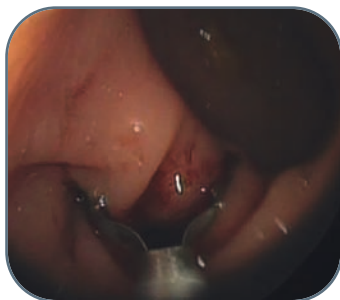


Figure 3

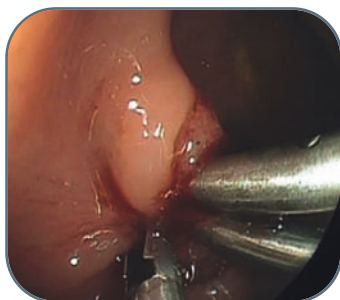


Figure 4

### HISTORY

An 82-year-old woman with abdominal pain and change in bowel habits was remitted to our endoscopy unit for a total colonoscopy. The procedure was done under continuous propofol sedation. A difficult and angulated sigma was noticed and multiple attempts in different positions were done. During one advancing maneuver, an iatrogenic perforation was noticed.

### PROCEDURE

A big hole showing mesenteric fat and vessels was seen (Figure 1). Immediate suction in order to minimize pneumoperitoneum and close the hole was applied (Figure 2). The first Resolution® Clip was placed closing the lips of the hole (Figure 3). Then another 2 Resolution Clips were placed until complete suture of the perforation was achieved (Figures 4 & 5)

### POST PROCEDURE

The patient was admitted to our hospitalization unit and nil per os and I.V. fluids and antibiotics (cefuroxime and metronidazol) were given. 4 hours later, an abdominal CT scan with contrast enema was done showing no leakage (Figures 6, 7 & 8). Pneumoperitoneum and retroperitoneum was clearly demonstrated. Only slight pain was present during the first 48 hours.

The patient reintroduced oral intake 72 hours later and was discharged 7 days after without further interventions.

One month later the patient was doing fine without further complications.



Figure 5

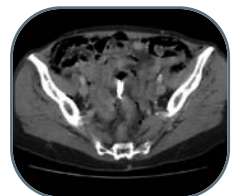


Figure 6

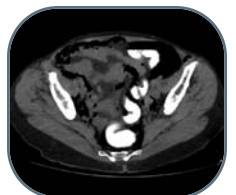


Figure 7

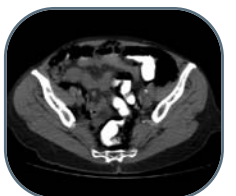


Figure 8