

SUCCESSFUL ENDOSCOPIC MANAGEMENT OF BOWEL PERFORATION WITH THE OVER-THE-SCOPE CLIP: A CASE REPORT

SUCESSO NO TRATAMENTO ENDOSCÓPICO DE PERFURAÇÃO CÓLICA COM OVER-THE-SCOPE CLIP

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ABSTRACT

Colonoscopic perforation is a rare adverse event and its incidence increases as more procedures are performed. Therapy may include closure with clip devices with acceptable results. This case-report demonstrates the efficacy and safety of the over-the-scope clip application in an iatrogenic colonic perforation.

Keywords: *endoscopy, perforation, over-the-scope clip.*

RESUMO

A perfuração durante colonoscopia é uma complicação rara, cuja incidência aumenta com a realização de procedimentos. O tratamento pode incluir o encerramento com recurso a clip, com resultado satisfatório. Este caso-clínico demonstra a eficácia e segurança da aplicação do over-the-scope clip no tratamento de perfurações iatrogénicas do cólon.

Palavras-Chave: *endoscopia, perfuração, over-the-scope clip.*

MANUSCRIPT

Colonoscopic perforation is a rare but severe adverse event. Its incidence varies between 0.01-0.3% in diagnostic colonoscopies and up to 5% in therapeutic procedures. Colonoscopic biopsy increases the risk of perforation up to 1.9 times. Therapeutic options include conservative measures, endoscopic closure and surgical management.

We report the case of a 49-year-old male patient, who underwent colonoscopy for suspected inflammatory bowel disease. Colonoscopy revealed Mayo grade 2 ulcerative colitis (Fig. 1). Biopsies were performed. At 50cm, a biopsy was complicated by a 7mm perforation. The perforation was immediately identified and successfully closed with an over-the-scope clip (OVESCO AG, Tubingen, Germany) with an omental patch (Fig. 2). The patient was admitted



for surveillance and received broad-spectrum antibiotics. At follow-up colonoscopy (Fig. 3) the lesion was sealed.

Colonoscopy is essential in patients with inflammatory bowel disease to monitor disease activity, identify complications and to guide therapeutic decisions. Disease activity and steroid use are independent risk factors for perforation during colonoscopy.

Prompt diagnosis and treatment reduce the extent of peritoneal contamination and are crucial in reducing the necessity for operative management.

Endoscopic closure of perforations was first described in 1997 with through-the-scope clips. However, their limitation in full-thickness closure led to development of a new over-the-scope clip, which is able to capture larger tissue volume and can be used for larger luminal defects with efficacy and safety.

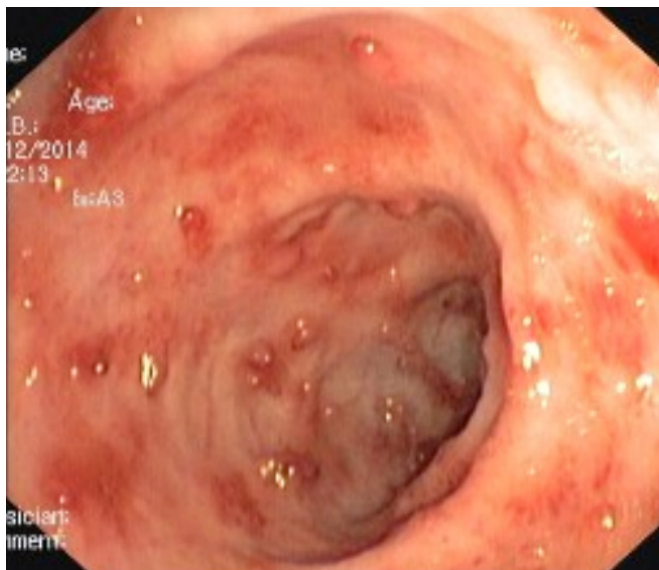


FIGURE 1 – Mayo grade 2 colitis.

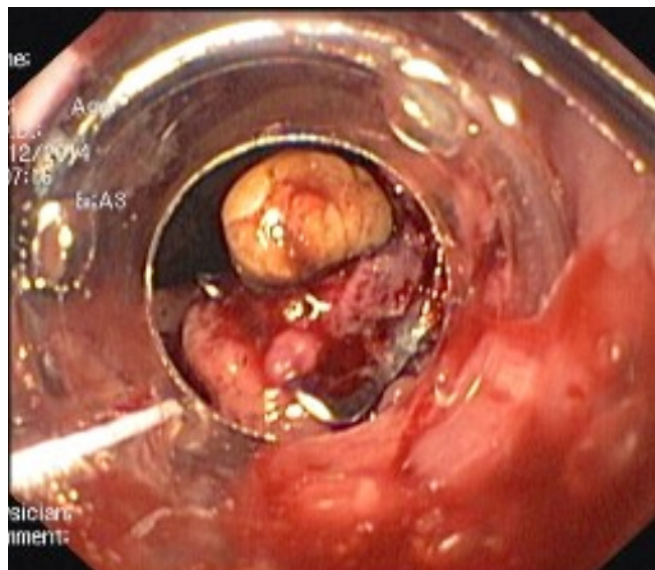


FIGURE 2 – Over-the-scope clip with omental patch.

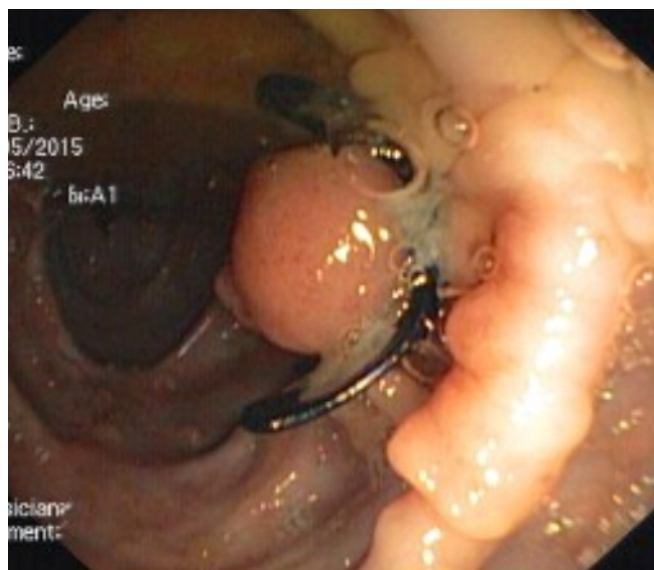


FIGURE 3 – 3 months later.



REFERENCES

1. Lohsiriwat V. Colonoscopic perforation: incidence, risk factors, management and outcome. *World J Gastroenterol.* 2010; 16(4): 425-430
2. Navaneethan U, Kochhar G, Phull H, Venkatesh P, Remzi F, Kiran R, Shen B. Severe disease on endoscopy and steroid use increase the risk for bowel perforation during colonoscopy in inflammatory bowel disease patients. *Journal of Crohn's and Colitis.* 2012; 6: 470-475
3. Weiland T, Fehlker M, Gottwald T, Schurr MO. Performance of the OTSC System in the endoscopic closure of iatrogenic gastrointestinal perforations: a systematic review. *Surg Endosc.* 2013; 27: 2258-2274

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