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BLACK VIDEO AWARDS **Open Access**

HIGH RECTAL PERFORATION AFTER COLONOSCOPY

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Introduction

Iatrogenic colonoscopy perforation is a rare complication, rate ranges from 0.005-0.085%. Perforations can be diagnosed by the endoscopist in 50% of the cases. Different therapeutic options could be found such as endoscopic repair, surgical management or conservative treatment. The aim of this video is to discuss a possible repair after a midrectal perforation during an endoscopy exploration.

Case Presentation

A 41-year-old woman suffered a rectal perforation during a screening colonoscopy due to family history. A large defect is detected during endoscopy with access to the abdominal cavity, so urgent exploratory laparoscopy is indicated immediately.

An exploratory laparoscopy was performed, showing perforation of 50% of the circumference at the level of the high intraperitoneal rectum of about 6-7 cm in extension with peritonitis in the pelvis. Given the findings, a anterior high resection of the rectum was performed with correct viability of the tissue detected by indocyanine green. Since the tissues looked good and it was a colon that had received mechanical preparation, the possibility of anastomosis was considered. A mechanical circular colorectal anastomosis was performed with a 31mm EEA and a pelvic drainage was placed.

The patient's postoperative evolution was correct, and she was discharged on the 4th postoperative day with a control abdominal CT scan without signs of anastomotic dehiscence

Conclusions

According to the main clinical guidelines, therapeutic management in these situations should be adjusted to the patient's baseline situation and the early or late diagnosis of the perforation, as well as its extension, the practitioner's expertise and availability of surgical instruments in order to reduce morbidity and mortality in these situations emergency situations.