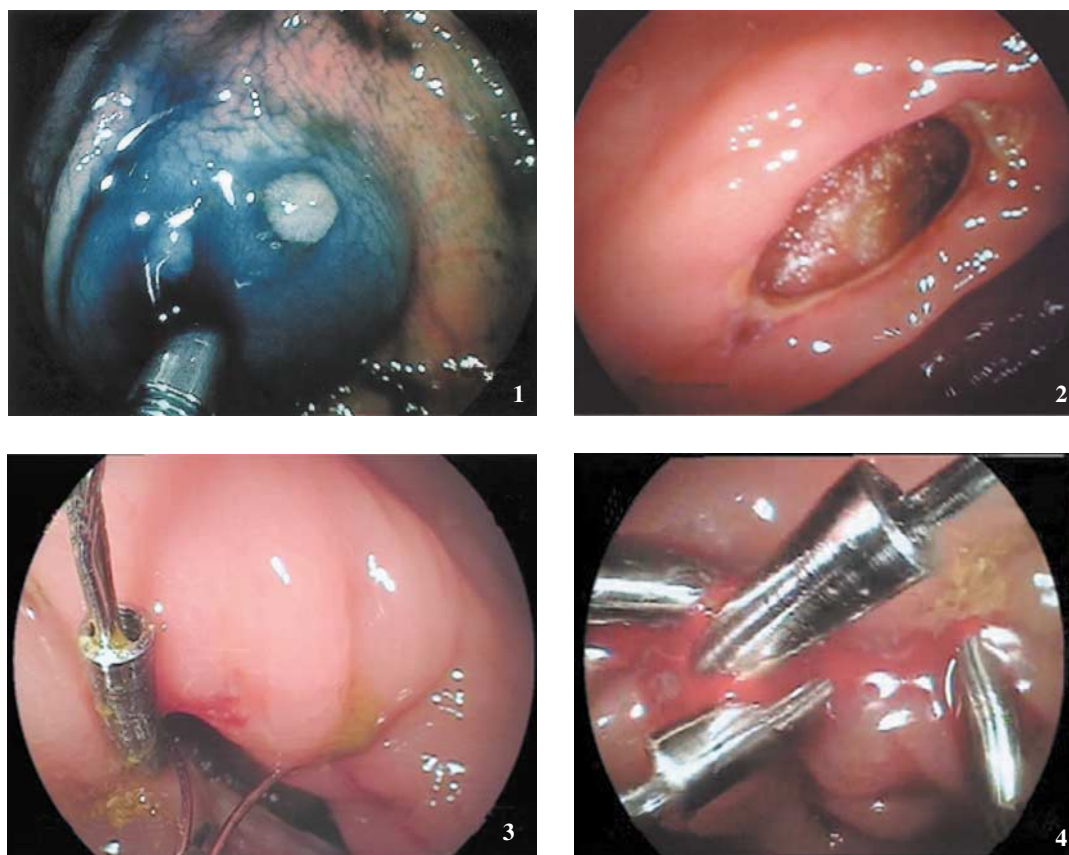


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Large iatrogenic colonic perforation repaired endoscopically with Triclip™



A 49 years-old female underwent surveillance colonoscopy. After an en-block endoscopic mucosal resection of two flat lesions of the descending colon a iatrogenic perforation of 35x10 mm became apparent. Prompt endoscopic repair was attempted using the TriClip™ device (Cook Endoscopy, Winston-Salem, NC, USA). A complete closure was obtained in 35 minutes using four TriClips™. An upright plain abdominal X-ray showed absence of free air. The patient was subsequently admitted and kept on iv fluids, broad-spectrum antibiotics and nothing by mouth. On the first day after the procedure the white count was 11.000 and repeat abdominal xray confirmed absence of free air. No sign or symptom of peritoneal irritation developed. The patient resumed oral intake three days after and was discharged after 6 days. Histological examination confirmed two tubular adenomas with high grade dysplasia in one, with full thickness muscle layer included in the specimen. She has remained asymptomatic for 5 months. **1** Two adjacent small flat lesions in the descending colon detected with chromoendoscopy. The area is being injected with solution of 10% glycerin and a small amount of 0.2% indigo carmine for endoscopic mucosal resection. **2** Evidence of a iatrogenic perforation at the site of the endoscopic resection with a diameter of 35x10 mm. **3** Endoscopic picture showing the first clip in place while the second is being applied. **4** Endoscopic repair was completed using a total of four clips