Peutz-Jeghers polypectomy in the small bowel using “ligate-and-let-go” technique

The “ligate-and-let-go” polypectomy technique involves looping a target lesion with a detachable snare and letting it necrose and slough off [1]. This technique is thought to carry less risk for bleeding and perforation than electrocautery. We present a case of a patient with Peutz-Jeghers syndrome in which the “ligate-and-let-go” method was used to successfully treat an obstructing small bowel polyp via anterograde double-balloon enteroscopy (DBE). To our knowledge, this is the first utilization of this technique to successfully remove a jejunal polyp via anterograde DBE.

A 46-year-old woman with Peutz-Jeghers syndrome was found to have a large polyp and early intussusception on computed tomography (CT) enterography (Fig. 1). Anterograde DBE confirmed a 25-mm pedunculated polyp in the distal jejunum (Fig. 2a). Biopsies were obtained and the region was tattooed with India ink. Pathology revealed a hamartomatous polyp without dysplasia. During repeat anterograde DBE, a ligature was successfully placed at the neck of the polyp via an endoloop device (Fig. 2b). Given the high position of the loop, the decision was made to proceed with the “ligate-and-let-go” technique to avoid bleeding and incomplete resection (Video 1). Repeat anterograde DBE 5 weeks later revealed a well-healed scar in the distal jejunum at the site of the ligated polyp as identified by prior tattoo (Fig. 3).

Fig. 1 Computed tomography enterogram of the abdomen revealing a large polyp within the small bowel with dilated proximal bowel loops concerning for intussusception.

Fig. 2 a The 25-mm pedunculated polyp in the distal jejunum prior to ligation. b Pedunculated jejunal polyp with ligature placed high on the polyp neck.

Video 1 Anterograde double-balloon endoscopy of small bowel with utilization of “ligate-and-let-go” technique to remove pedunculated jejunal polyp. Repeat procedure 5 weeks later showed well-healed scar at the site of the prior polyp.

Fig. 3 Well-healed jejunal mucosa at the site of the polyp post-ligation. India ink tattoo can be seen surrounding the scar tissue.
The “ligate-and-let-go” technique offers successful polypectomy with a low risk of bleeding and perforation. There is one published report of use of this technique via single-balloon enteroscopy to remove a distal ileal lipoma, though there is otherwise little data regarding its use in the small bowel [2]. To our knowledge, this was the first case of using this technique via anterograde DBE to successfully remove a jejunal hamartoma in a patient with Peutz-Jeghers syndrome. Often these patients may have multiple polyps requiring surveillance and intervention; this approach offers an alternative to resection and removal.

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Competing interests

The authors declare that they have no conflict of interest.

The authors

Michael Mullarkey1, Page Axley2, Ali Ahmed2, Kondal R. Kyanam Kabir Baig2, Shajan Peter2
1 Tinsley Harrison Internal Medicine Residency Program, School of Medicine, University of Alabama at Birmingham, Birmingham, Alabama, USA
2 Division of Gastroenterology and Hepatology, School of Medicine, University of Alabama at Birmingham, Birmingham, Alabama, USA

Corresponding author

Michael Mullarkey, MD
University of Alabama at Birmingham,
Tinsley Harrison Internal Medicine Residency Program, VDB 327, 1720 2nd Avenue South, Birmingham, AL 35294-0012, USA
Fax: +1-205-975-6424
mmullarkey@uabmc.edu

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