Motorized spiral enteroscopy is a recent technology for deep enteroscopy that uses a 3 cm diameter spiral attached to the tip of an endoscope to facilitate examination of the small bowel. Introduced a few years ago, it has since proved its efficacy and safety in prospective studies [1]. We report the detachment of a spiral ring during motorized spiral enteroscopy during small-bowel tumor examination. The enteroscopy was performed in a 54-year-old woman following a suspicious image (ulceration) detected in the proximal jejunum on video capsule endoscopy performed for anemia. An ulcerated lesion was identified in the proximal jejunum, without stenosis, involving half of the small-bowel circumference (▶ Fig. 1) and located about three intestinal loops down toward the duodenjejunal junction. The operator tried to progress further below this lesion, but the spiral became embedded in the tumor, impairing further progression (▶ Video 1). Gentle removal of the endoscope was performed by backward rotation of the spiral; however, one ring of the spiral had become detached from the tube and remained embedded in the small-bowel tumor (▶ Fig. 2a). In an attempt to retrieve this fragment, the operator used a double-balloon enteroscope, advancing beyond the tumor to grasp the broken ring using a 25-mm snare (▶ Fig. 2b); however, the ring could not be drawn back through the lesion (▶ Video 1). After this endoscopy, the patient received 1 L of colonic polyethylene glycol preparation to encourage migration of the ring into the cecum, which was confirmed on computed tomography scan 24 hours later (▶ Fig. 3); evacuation occurred a few days later without any symptoms. Histology confirmed the small-bowel adenocarcinoma, and the patient underwent surgery.

This situation can be explained by a spiral defect but also suggests that attempting to pass through a neoplastic (even limited) stenosis in a small-bowel tumor may be a risky procedure with a spiral enteroscope.

Endoscopy_UCTN_Code_CPL_1AI_2AD
Competing interests

The authors declare that they have no conflict of interest.

The authors

Lucas Barthet, Nicolas Benech, Alexandru Lupu, Mathieu Pioche, Jean-Christophe Saurin
Department of Endoscopy and Hepatogastroenterology, Pavillon L, Edouard Herriot Hospital, Lyon, France

Corresponding author

Jean-Christophe Saurin, MD, PhD
Endoscopy Unit – Digestive Disease Department, Pavillon L – Edouard Herriot Hospital, 69437 Lyon CEDEX, France
jean-christophe.saurin@chu-lyon.fr

Reference


Bibliography

Endoscopy
DOI 10.1055/a-1930-5846
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit.
Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

Fig. 3 The fragment was located in the cecum the next day.

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.
This section has its own submission website at https://mc.manuscriptcentral.com/e-videos