Benign anastomotic complete obstruction rarely occurs after lower rectal cancer surgery [1]. The radial incision and cutting (RIC) method has been reported for complete rectal anastomotic obstruction [2]; however, it is important to penetrate the distal and proximal sides of the intestinal tract safely and accurately before RIC. A forward-viewing echoendoscope is useful for recanalizing postoperative biliary anastomotic atresia in endosonography-guided biliary drainage because it allows a more vertical approach and shortens the puncture distance [3, 4]. Furthermore, gel-immersion techniques have been reported for endoscopic procedures [5].

A 59-year-old man underwent intersphincteric resection and temporary ileostomy for lower rectal cancer. Ileostomy closure was scheduled for 12 months after the surgery. Endoscopic imaging revealed complete rectal anastomotic obstruction 2 cm from the anal verge (▶Fig. 1). We attempted an endoscopic intervention to avoid a surgical procedure.

A forward-viewing convex echoendoscope (TGF-UCT260J; Olympus Medical Systems, Tokyo, Japan) and immersed gel (VISCOCLEAR; Otsuka Pharmaceutical Video 1 Gel immersion forward-viewing echoendoscope-guided puncture before radial incision and cutting with endoscopic balloon dilation for complete rectal anastomotic obstruction.

▶Fig. 1 The site of the lower rectal anastomosis at 2 cm from the anal verge.

▶Fig. 2 Gel immersion endoscopic ultrasound view clearly showed the proximal intestinal tract.
Factory, Tokushima, Japan) was inserted through the anus. Gel immersion provided a clear endoscopic ultrasound view and helped identify the puncture line (▶Fig. 2). We inserted a 19-gauge needle (EZ Shot 3 plus; Olympus Medical Systems) toward the proximal intestinal tract (▶Video 1). We confirmed patency of the proximal lumen using contrast enhancement and placed a 0.025-inch guidewire (VisiGlide 2; Olympus Medical Systems) until the notch disappeared (▶Fig. 3), and performed RIC using an ITknife nano (KD-611L; Olympus Medical Systems) (▶Fig. 4). After the procedure, an endoscope with a 9.9 mm diameter could penetrate the anastomotic site (▶Fig. 5). Forward-viewing echoendoscope-guided puncture using gel immersion before RIC with endoscopic balloon dilation is a safe and effective procedure for resolving anastomotic obstructions after lower rectal surgery. Results of the procedure, endoscopy_UCTN_Code_TTT_1AS_2AZ

Competing interests

The authors declare that they have no conflict of interest.

The authors

Shozo Osera1, Takeshi Hisa1, Gaku Akiyama2, Akiharu Kudo1, Takahiro Yamada1, Hideki Fukushima1, Akihisa Tomori1

1 Department of Gastroenterology, Saku Central Hospital Advanced Care Center, Nagano, Japan
2 Department of Colorectal Surgery, Saku Central Hospital Advanced Care Center, Nagano, Japan

Corresponding author

Shozo Osera, MD, PhD
Department of Gastroenterology, Saku Central Hospital Advanced Care Center, 3400-28, Nakagomi, Saku, Nagano 385-0051, Japan
shou0122@hotmail.com

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Fig. 3 Fluoroscopic view of endoscopic dilation using a 4-mm biliary dilation balloon catheter until the notch disappeared.

Fig. 4 The radial incision and cutting method using an ITknife nano (KD-611L; Olympus Medical Systems, Tokyo, Japan).

Fig. 5 After the radial incision and cutting procedure, an endoscope with a 9.9 mm diameter could pass through the anastomotic site.