A 53-year-old woman presented with a 6-month history of chronic constipation and abdominal bloating. Because of concern about a colorectal lesion, colonoscopy was done and hundreds of small polyps were found throughout the colon, most being less than 4 mm in diameter. Some of the bigger polyps were removed by polypectomy and were found at pathologic examination to be tubular adenoma. As the patient was unwilling to undergo a rectum-preserving total colectomy, argon plasma coagulation (APC) was selected to ablate the remaining polyps as far as possible (Fig. 1).

APC was done using an Olympus system (PSD-60; Olympus, Tokyo, Japan) at settings of argon flow rate 1 l/minute, power 40 W, effect 1.

The patient tolerated the 1-hour procedure well until the end, when severe abdominal distension without rebound tenderness was noted. Because of the persistent abdominal discomfort, a standing chest radiograph was obtained which showed massive free air in the peritoneum (Fig. 2).

Laparotomy was done immediately. The entire colon was checked carefully and a tiny perforation was found at the transverse colon (Fig. 3, arrow). After surgical closure of the perforation, the patient recovered uneventfully and was discharged 2 weeks later.

Minute perforation after argon plasma coagulation for management of small colonic polyps

Fig. 1 Most of the small polyps in the colon were ablated using argon plasma coagulation (APC).

Fig. 2 At 3 hours after colonoscopy, a standing chest radiograph revealed massive pneumoperitoneum.

Fig. 3 At laparotomy, a tiny perforation (arrow) was found at the transverse colon.
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References

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