Hematoperitoneum after small-bowel spiral enteroscopy

Advances in endoscopy including spiral enteroscopy [1] have transformed the management of small-bowel diseases, and published data have demonstrated this to be a safe procedure [2–8]. We report the first case, related to spiral enteroscopy, of hematoperitoneum in a 62-year-old woman.

Our patient presented to the emergency room with a 3-day history of melena. Her past medical history was significant for obscure gastrointestinal bleeding, and left nephrectomy. Given the previous extensive negative workup for obscure gastrointestinal bleeding, spiral enteroscopy was carried out. This showed nonbleeding angiectasias in the proximal and mid-jejunum, which were treated with argon plasma coagulation. Within a few hours of procedure, the patient developed severe abdominal pain that radiated to her shoulders, and hematoperitoneum in a 62-year-old woman consistent with hematoperitoneum [4–8], suggests that fortunately this is very rare. Akerman et al. reported the rate of severe adverse events with spiral enteroscopy to be only 0.3% [9]. It can be concluded from the published literature that deep enteroscopy is a safe and effective technology with a low rate of major complications, however, clinicians should remain aware that these events can occur and are not immediately obvious.

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