Colonoscope incarceration in an inguinal hernia: a complication of colonoscopy

One of the rare complications of colonoscopy is incarceration of the colonoscope in an inguinal hernia [1,2]. We present a case of incarceration of the colonoscope in a left-sided hernia, which required reduction of the hernia by surgical dissection of the hernial sac.

A 70-year-old man who presented with iron deficiency anemia underwent colonoscopy. The procedure was performed easily until the ascending colon was reached, at which point it became impossible to advance the colonoscope further, even though the lumen could be clearly seen. The colon was observed as the colonoscope was withdrawn; however, at approximately 70 cm, the colonoscope became impossible to withdraw further, although the lumen was still clearly visible. An examination of the patient’s left inguinal hernial orifice revealed a bulge in the left side of his scrotum, consistent with incarceration of the colonoscope in the sac of the inguinal hernia (Fig. 1).

The patient was given 6 mg midazolam and 100 mg pethidine as analgesia, whilst an attempt was made to manually reduce the incarcerated colonoscope using external manual pressure. This attempt was unsuccessful. Under fluoroscopy, a loop of the colonoscope could be seen in the left inguinal hernia (Fig. 2) but, despite radiographic guidance, it was not possible to withdraw the colonoscope using gentle traction. Therefore, the patient underwent surgery, with a hernia repair operation being done and the colonoscope being withdrawn by traction. The patient was discharged 2 days later.

Commonly, it is a left-sided inguinal hernia, as our patient had, that is involved in this complication. Importantly, a careful history should be taken and physical examination of the inguinal region should be performed before a patient undergoes colonoscopy to avoid the risk of colonoscope incarceration in an inguinal hernia. If incarceration of the colonoscope in an inguinal hernia does occur, there are different methods to reduce the incarcerated colonoscope, including manual reduction, reduction under direct fluoroscopic guidance, and surgical reduction, as was required for our patient [3]. Finally, if a colonoscope cannot be advanced although the lumen is clearly seen, incarceration of the colonoscope in an inguinal hernia should be considered.

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Fig. 1 Photographs showing: a incarceration of the colonoscope in the inguinal hernia sac; b the patient’s left inguinal hernia during surgery.
References

Bibliography
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Fig. 2 Fluoroscopic images showing a loop of the colonoscope within the left inguinal hernia.