

Fecal incontinence is a socially devastating disorder in adults [1,2]. We report here a case in which percutaneous endoscopic cecostomy (PEC) was carried out for antegrade colon irrigation in a patient with fecal incontinence.

The patient, a 52-year-old man, was referred to our department. Gastroscopy, colonoscopy with biopsies, abdominal computed tomography, a small-bowel barium follow-through, and capsule endoscopy all showed normal findings. The patient declined to undergo colostomy or appendicocostomy, but accepted the offer of a PEC.

The procedure was carried out with the patient under light sedation, beginning with a colonoscopy. The cecum was reached and inflated with the endoscope. The light from the endoscope was identified in the lower right quadrant of the abdomen. A percutaneous gastrostomy set (Freka Pexact CH 15, Fresenius Kabi, Bad Homburg, Germany) was used to carry out the PEC. A local anesthetic was injected subcutaneously, and a small skin incision was made. A 15-gauge gastropexy needle was gently inserted through the incision under endoscopic guidance, and the cecopexy was performed (Figure 1). Three sutures were inserted through the PEG kit, grasped with a loop wire, and brought out extra-abdominally. A trocar was inserted into the cecopexy and then withdrawn, leaving the surrounding sheath. The cecostomy tube was inserted through the sheath. The balloon in the distal part of the tube was insufflated, and the sheath was withdrawn (Figure 2). The procedure took 10 min. No complications were observed, and the patient was discharged the same day.

At the time of writing, 4 months later, the PEC was still functioning well. The cecostomy is irrigated with 750 ml saline once

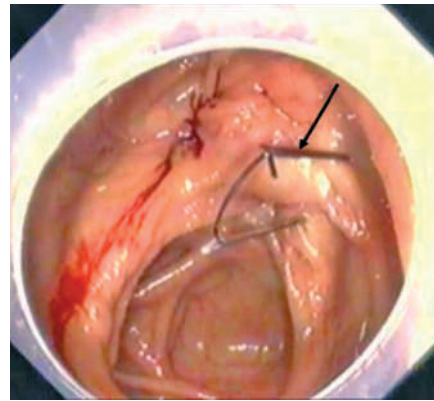


Figure 1 The cecopexy. The arrow indicates the anchoring of the cecum to the abdominal wall with the fixation sutures.

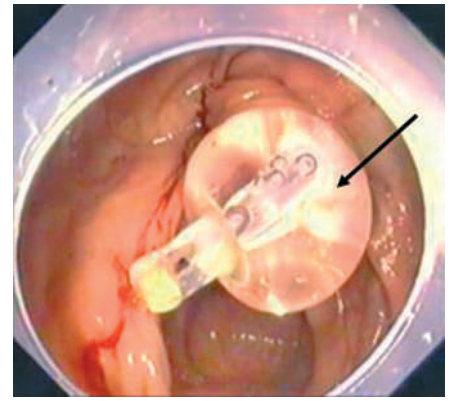


Figure 2 The arrow indicates the correct placement of the insufflated cecostomy tube in the cecum.

a day. There have been no episodes of fecal incontinence. This PEC procedure might be able to serve as an alternative to traditional surgical treatment in selected cases (Video 1).

Endoscopy_UCTN_Code_TTT_1AQ_2AI

J. Lykke, M. B. Hansen, S. Meisner

Dept. of Gastrointestinal Surgery K, Bispebjerg University Hospital, Copenhagen, Denmark.

References

- Nelson R, Norton N, Cautley E, Furner S. Community-based prevalence of anal incontinence. *JAMA* 1995; 274: 559–561
- Talley NJ, O'Keefe EA, Zinsmeister AR, Melton LJ III. Prevalence of gastrointestinal symptoms in the elderly: a population-based study. *Gastroenterology* 1992; 102: 895–901

Corresponding author

J. Lykke, M.D.

Dept. of Gastrointestinal Surgery K
Bispebjerg University Hospital of
Copenhagen
Bispebjerg Bakke 23
2400 Copenhagen NV
Denmark

Fax: +45-3531-2891

E-mail: jly@dadlnet.dk

Video

The cecopexy was carried out by inserting fixation sutures through the percutaneous endoscopic gastrostomy kit, which were grasped with a loop wire and sutured extra-abdominally. The trocar was inserted and withdrawn, leaving the sheath. The tube was inserted through the sheath and the balloon was insufflated.

online content including video sequences viewable at:

www.thieme-connect.de/ejournals/abstract/endoscopy/doi/10.1055/s-2006-925132

DOI: 10.1055/s-2006-925132