

### A New Method of Obtaining Rectal Mucosal Biopsy During Rigid Sigmoidoscopy

Although the classical grasp biopsy forceps used in rigid sigmoidoscopy, with its wide mouth (Figure 1), is capable of obtaining thick biopsies, it may also cause perforation (1). Its use should therefore be restricted to rectal valves, or to the area below 12–15 cm. Inexperienced endoscopists in particular have to be very careful with this device.

To reduce the risk of untoward effects, we decided to introduce the flexible biopsy forceps used in fiberoptic rectosigmoidoscopy and colonoscopy. No problems were encountered in obtaining blind mucosal biopsies with this device, but whenever it was necessary to take a biopsy from a specific lesion, difficulty was experienced in directing the tip of the forceps at the target. To overcome this difficulty, we designed an auxiliary apparatus consisting of a glass pipette with a plastic handle mounted at the end, through which the flexible forceps was just able to pass (Figure 2). The flexible forceps passes through the pipette, and by holding the handle and moving it, the tip of the forceps can be easily targeted onto the area of interest. Using this apparatus, we have succeeded in taking biopsies in ten patients without any complications.

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#### Reference

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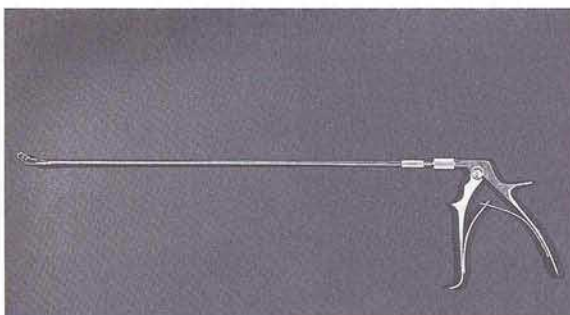


Figure 1: The classical grasp biopsy forceps used in rigid sigmoidoscopy.

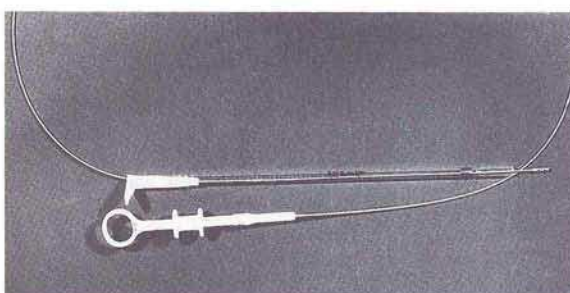


Figure 2: The flexible biopsy forceps passing through a glass pipette with a handle mounted on the end.

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