

Small-Bowel Ileus after Diagnostic Colonoscopy

Flexible fiberoptic colonoscopy is a widely used and safe technique for the examination of the lower gastrointestinal tract (1). The most frequent complications reported are perforation and hemorrhage, mostly after polypectomy (2). In addition, a wide variety of extremely rare but potentially hazardous incidents have been described (3–5). We report on a 52-year-old female patient who presented with irregular bowel movements and pain in the right upper and left lower quadrant of the abdomen. Colonoscopy was performed by a skilled endoscopist without anesthetic and without major pain or technical difficulties; no pathological findings were encountered. Two hours after the procedure, the patient developed severe, colicky pain in the right lower quadrant of the abdomen, which was tender on palpation. On abdominal plain film, colonic distention, but no free air or any small-bowel pathology were found. Administration of spasmolytics only temporarily relieved the symptoms. Oral intake was discontinued. Twelve hours later, a palpable mass and lower abdominal defense indicative of local peritonitis (Figure 1) necessitated surgical intervention, and due to strangulation of the terminal ileum by adhesive bands (following an appendectomy 30 years previously), a necrotic segment of the ileum had to be resected. The postoperative course was uneventful.

Although we cannot exclude a mere coincidence, the close sequence of events suggests a causal relationship between the colonoscopy and small-bowel ileus. Air insufflation through a noncompetent ileocecal valve and strangulation of a small-bowel segment by adhesive bands during endoscopy could have been the pathogenic factors. Small-bowel ileus due to strangulation represents an extremely rare, but a priori unavoidable, serious complication of colonoscopy which should be considered in a patient with colicky pain shortly after the procedure, especially in patients with previous abdominal surgery.

M. Wallner³, S. Allinger¹, H. Wiesinger², F. C. Prischl³,
R. Kramar³, P. Knoflaich¹

¹First and Third Departments of Medicine, ²Second Department of Surgery, General Hospital of the "Barmherzige Schwestern vom Heiligen Kreuz", Grieskirchnerstrasse 42, 4600 Wels, Austria

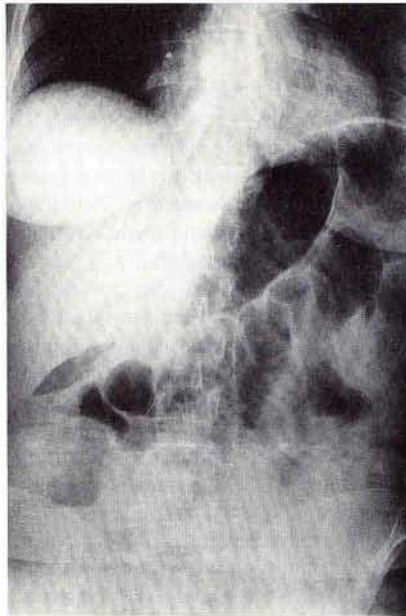


Figure 1: Twelve hours after a diagnostic colonoscopy in a 52-year-old woman, the radiograph showed loops filled with fluid and gas in the small intestine, indicating small-bowel ileus, and an air-filled colon.

References

1. Sakai Y: Technique of colonoscopy. In Sivak (ed.): Gastroenterologic endoscopy. Philadelphia: Saunders 1988; 840–867.
2. Hart R, Classen M: Complications of diagnostic gastrointestinal endoscopy. *Endoscopy* 1990; 22: 229–233.
3. Colarian J, Alousi M, Calzada R: Splenic trauma during colonoscopy. *Endoscopy* 1991; 23:48–49.
4. Keeffe EB: Ileal volvulus following colonoscopy. *Gastrointest. Endosc.* 1985; 31: 228–229.
5. Stermer E, Levy N: Ileus as a complication of colonoscopy. *Am. J. Gastroenterol.* 1990; 85: 333–334.