Successful management of a difficult colon stricture with an oblique-view upper scope

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Fig. 1 Eccentric view of the stricture with the pediatric colonoscope.

Fig. 2 View of the stricture with the oblique-viewing upper scope. A sphincterotome was passed over the wire into the stricture.

Fig. 3 Prototype upper scope with an oblique-viewing angle.

We describe the use of an "oblique" view scope in the successful management of an eccentric colonic stricture. A 69-year-old woman with a history of uterine leiomyosarcoma treated by hysterectomy, radiotherapy, and sigmoid resection was referred because of a colon stricture. A recent positron emission tomography (PET) scan showed an area of abnormal uptake in the descending colon. Colonoscopy was not successful in traversing a stricture in the left colon. The patient was referred for a repeat attempt. During our examination, it was not possible to pass a pediatric colonoscope or an upper endoscope through a stricture located 35 cm from the anal verge (**Fig. 1**). Attempts to pass a biliary guide wire with a hydrophilic tip using a sphincterotome were also unsuccessful. Therefore, a prototype upper scope with an oblique-viewing angle (EG-3670QK, Pentax Precision Instruments, Orangeburg, New York, USA) was used to visualize the stricture "en face." In addition, the elevator that was available allowed manipulation of the sphincterotome and wire to give access beyond the stricture (**Fig. 2**). The stricture was dilated with balloons. Following dilation, a pediatric colonoscope was passed, allowing full examination and biopsy of the stricture area. Pathological findings were consistent with a radiation stricture.

The oblique-viewing endoscope combines features of both end- and side-viewing endoscopes (**Fig. 3**). The scope has a 125-cm working length, a shaft diameter of 13.7 mm and a 120-degree field of view with a 60-degree oblique viewing angle. It has a large working channel (3.8 mm) and an elevator, allowing the use of a variety of accessories.

This scope has proved to be useful during endoscopic retrograde cholangiopancreatography (ERCP) in patients with surgically altered gastrointestinal anatomy [1]. A recent abstract suggested that the oblique-view scope could help in a variety of endoscopic procedures [2]. This is the first report of the use of an oblique-viewing upper endoscope in the management of a difficult colonic stricture.

References

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Bibliography

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