

## Successful treatment of a colonic cyst by endoscopic aspiration and sclerotherapy

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A 38-year-old man presented to our department with constipation that had persisted for 2 years. Upon colonoscopy, we discovered a smooth protrusion (about 2 cm × 2 cm) at the hepatic flexure of his colon (► **Fig. 1**). Anechoic ultrasonographic colonoscopy was suggestive of a cyst. A transparent puncture needle was used to puncture into the cyst cavity and a syringe was used to aspirate the cyst fluid (► **Video 1**). After sufficient aspiration, we verified the disappearance of the cyst (► **Fig. 2**) and 2 ml of yellow cyst fluid (► **Fig. 3**). Subsequently, 2 ml of polidocanol-methylene blue mixture was injected into the cyst cavity through the puncture needle (► **Video 1**). A 6-month follow-up colonoscopy revealed no cyst at the hepatic flexure of the patient's colon (► **Fig. 4**, ► **Video 1**).

Colonic cysts are benign lesions associated with chronic constipation and abdominal pain [1]. However, colonic cysts must be surgically removed if they become large to prevent intestinal obstruction or intussusception [1,2]. Aspiration plus sclerotherapy is considered a safe and effective treatment for simple hepatic cysts [3]. We are unsure whether such therapy would be safe and effective for a colonic cyst because of the thinness of colon tissue and possibility of perforation. Herein, we reported the successful and uneventful aspiration and sclerotherapy of a colonic cyst.

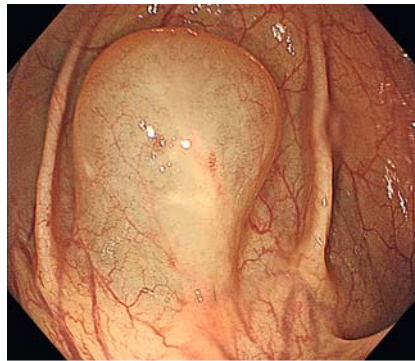
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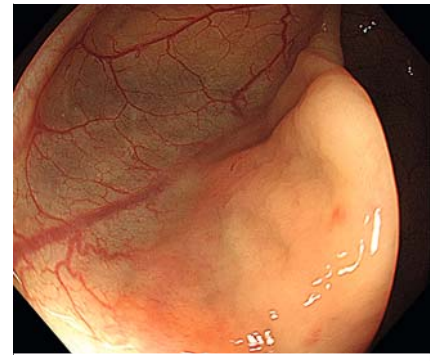
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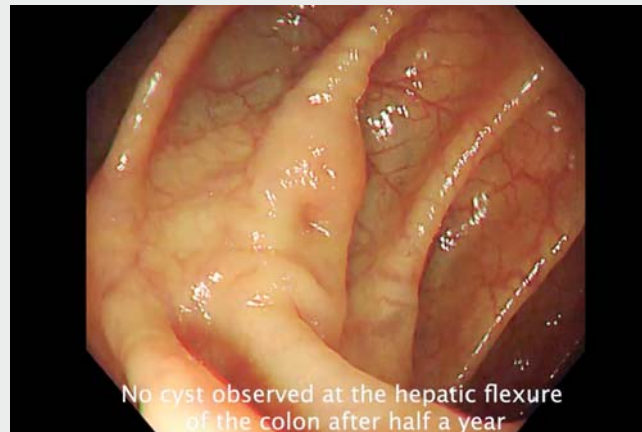
The authors declare that they have no conflict of interest.



► **Fig. 1** A smooth protrusion at the hepatic flexure of the patient's colon.



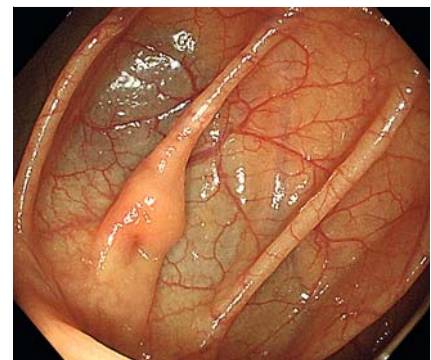
► **Fig. 2** Disappearance of the cyst after endoscopic aspiration.



► **Video 1** Successful treatment of a colonic cyst by endoscopic aspiration and sclerotherapy.



► **Fig. 3** Yellow cyst fluid.



► **Fig. 4** No cyst at the hepatic flexure of the colon after 6 months.

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