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Complete anastomotic stenosis treated by combined stricturotomy using two colonoscopes

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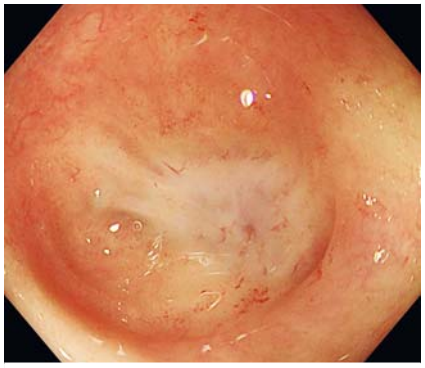
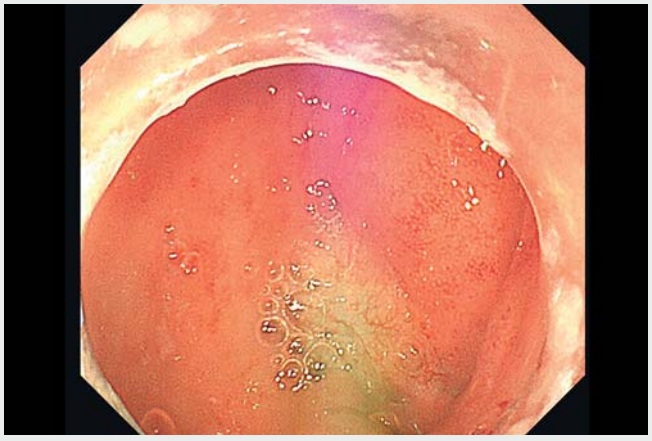


▶ **Fig. 1** Colonoscopy showed complete stenosis of the colorectal anastomosis.

▶ **Fig. 2** Recanalization procedure. **a** Each colonoscope was able to observe the light of the other colonoscope. **b** Circumferential incision was performed, guided by the needle. **c** The anastomosis was recanalized.



Video 1 Complete anastomotic stenosis treated by combined stricturotomy using two colonoscopes.

Patients with postoperative benign anastomotic stricture after treatment for colorectal cancer can be treated successfully by endoscopic stricturotomy [1, 2]. However, the treatment of complete anastomotic stenosis is difficult due to the absence of the intestinal canal. Here, we present a case of complete anastomotic stenosis treated by combined stricturotomy with two colonoscopes.

A 61-year-old man with a history of radical resection of rectal cancer and transverse colostomy 1 year previously was admitted to our hospital. Colonoscopy showed complete stenosis of the colorectal anastomosis (▶ **Fig. 1**). Using the distal colonic passage of the transverse colostomy, a combined stricturotomy using two colonoscopes was performed. One colonoscope (CF-H290I, Olympus) reached the oral side of the anastomosis from the transverse colostomy, while another colonoscope (PCF Q260 J, Olympus) observed from the anal side of the anastomosis. Each colonoscope was able to observe the light of the other colonoscope in the middle of the anastomotic scar. Through the oral-side colonoscope, a needle (VDK-IN, Vedkang) was inserted into the middle of the scar. The needle tip was visible from the anal side, and a circumferential incision was performed using a Hook Knife (KD620Q, Olympus), guided by the needle. After the incision, the anastomosis was recanalized, allowing the anal-side colonoscope to pass through the anastomosis into the oral-side colon (▶ **Fig. 2**, ▶ **Video 1**). Colonography showed that the anastomosis was unobstructed and there was no leakage (▶ **Fig. 3**). The patient underwent colostomy closure 5 days after the stricturotomy and was discharged without any complications.

Combined stricturotomy using two colonoscopes provides a new approach to the management of complete anastomotic stenosis.

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▶ **Fig. 3** Colonography showed the anastomosis to be unobstructed.

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Competing interests

The authors declare that they have no conflict of interest.

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