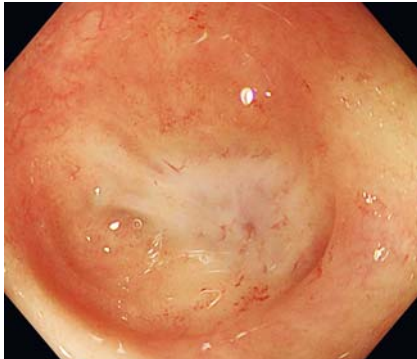


Complete anastomotic stenosis treated by combined stricturotomy using two colonoscopes

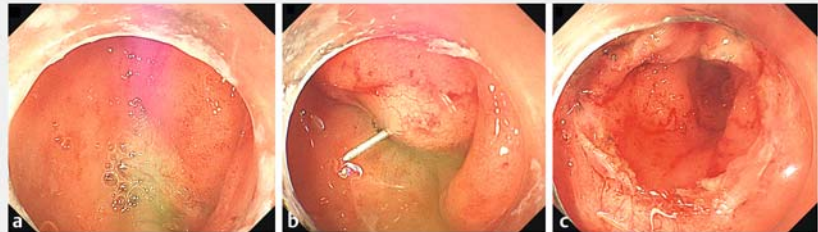
OPEN
ACCESS



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

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 Q260J, 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



► **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.

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.

Endoscopy_UCTN_Code_TTT_1AQ_2AF

Acknowledgment

The authors would like to thank Dr. Chujun Li for providing advice on the treatment.



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

Funding

National Key Clinical Discipline; The Sixth Affiliated Hospital of Sun Yat-sen University Clinical Research 1010 Program 1010PY(2020)-63

Competing interests

The authors declare that they have no conflict of interest.

The authors

Jiancong Hu^{1,2,3}, **Qinghua Zhong**^{2,3}, **Dezheng Lin**^{2,3}, **Mingli Su**^{2,3}, **Xuefeng Guo**^{2,3}

- 1 Department of Endoscopy, Yuexi Hospital of the Sixth Affiliated Hospital, Sun Yat-sen University, Xinyi, Guangdong, P. R. China
- 2 Department of Endoscopic Surgery, The Sixth Affiliated Hospital, Sun Yat-sen University, Guangzhou, Guangdong, P. R. China
- 3 Guangdong Provincial Key Laboratory of Colorectal and Pelvic Floor Diseases, The Sixth Affiliated Hospital, Sun Yat-sen University, Guangzhou, Guangdong, P. R. China

Corresponding author

Xuefeng Guo, MD, PhD

Department of Endoscopic Surgery, The Sixth Affiliated Hospital, Sun Yat-sen University, 26 Yuancun Erheng Road, Guangzhou 510655, Guangdong, P. R. China
guoxfeng@mail.sysu.edu.cn

References

- [1] Lin D, Liu W, Chen Z et al. Endoscopic stricturotomy for patients with postoperative benign anastomotic stricture for colorectal cancer. *Dis Colon Rectum* 2022; 65: 590–598. doi:10.1097/DCR.0000000000001944
- [2] Zhang L-J, Lan N, Wu X-R et al. Endoscopic stricturotomy in the treatment of anastomotic strictures in inflammatory bowel disease (IBD) and non-IBD patients. *Gastroenterol Rep (Oxf)* 2020; 8: 143–150. doi:10.1093/gastro/goz051

Bibliography

Endoscopy 2023; 55: E1010–E1011

DOI 10.1055/a-2127-4810

ISSN 0013-726X

© 2023. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.

(<https://creativecommons.org/licenses/by/4.0/>)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



E-Videos is an open access online section of the journal *Endoscopy*, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. *Endoscopy E-Videos* qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: <https://www.research4life.org/access/eligibility/>).

This section has its own submission website at <https://mc.manuscriptcentral.com/e-videos>