

Hemoperitoneum caused by hemorrhage of tubal vessels, a previously undescribed complication of colonoscopy

A 46-year-old woman underwent colonoscopy due to iron-deficiency anemia. The patient had previously undergone an operation for ovarian endometriomas. During this procedure, when the operator was advancing with the endoscope to the sigmoid colon, the patient suddenly suffered a severe abdominal pain. The exploration was suspended before perforation was suspected.

Physical examination revealed hypogastric abdominal pain with peritoneal irritation. The laboratory test was negative, and the abdominal radiograph excluded pneumoperitoneum (► Fig. 1).

The patient presented for clinical examination of acute abdominal pain, so it was decided to make an emergency laparotomy. During this operation, hemoperitoneum was found (150 mL of blood), two ruptures on the serosa of the sigma with no alteration on the mucosa and submucosa were visualized, and tubal vessel hemorrhage and adhesions between the mesosalpinx and mesosigma observed.

The incidence of serious complications due to colonoscopy is low; the percentage of procedures for which complications require hospitalization is 0.21%. Serious complications may be associated with stricture dilation, polypectomy, elderly patients or inexperienced endoscopists [1]. Hemoperitoneum is an uncommon complication of colonoscopy [2]. The most frequent cause of hemoperitoneum is splenic injury, but in the literature there are others causes described, such as rupture of an epiploic appendix [3], torsion of the mesenteric vein [2], necrosis of a small intestinal leiomyosarcoma [4] or



Fig. 1 Abdominal radiograph that excludes pneumoperitoneum.

ovarian tumor rupture [5]. As far as we know, this is the first case of hemoperitoneum caused by rupture of tubal vessels with adhesions of the fallopian tube to the sigma.

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