Colonoscopy through appendectomy in a colonic stenosis

Fig. 1 Computed tomographic colonography shows colonic stenosis in a 58-year-old man presenting with acute diarrhea and a positive fecal occult blood (FOB) test result.
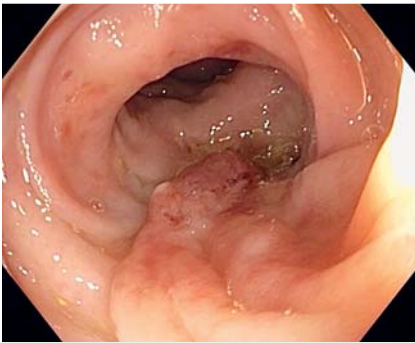

Fig. 3 Sigmoid colon polyp.

Fig. 2 Colonoscopy through appendectomy to avoid colonic segmental resection. **a** The appendix. **b** The colonoscope is introduced through the appendectomy.
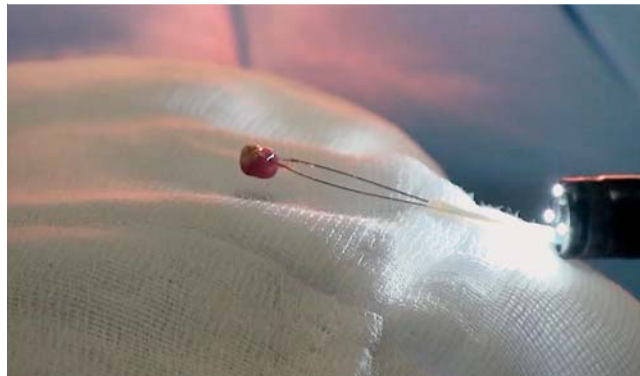
Fig. 4 A resected polyp.

Fig. 5 Surgical suture, following a standard uncomplicated appendectomy.

Colonoscopy is the standard method used for exploring the colon to remove polyps. However, a percentage of the colonoscopic procedures performed cannot be completed for various reasons, such as the presence of a stenosis [1,2]. Computed tomographic colonography has proved to be very useful in cases in which a colonoscopy cannot be completed, but a drawback is that therapy is not possible [3].

A 58-year-old man was referred to our hospital because of acute diarrhea and a positive fecal occult blood (FOB) test result. He had an infantile pelvic fibrosarcoma, treated with surgery and radiotherapy, and a posteriorly placed neurostimulator.

A colonoscopy was performed, during which two polyps (tubulovillous adenomas) were removed, but the colonoscope could not pass the sigmoid colon because
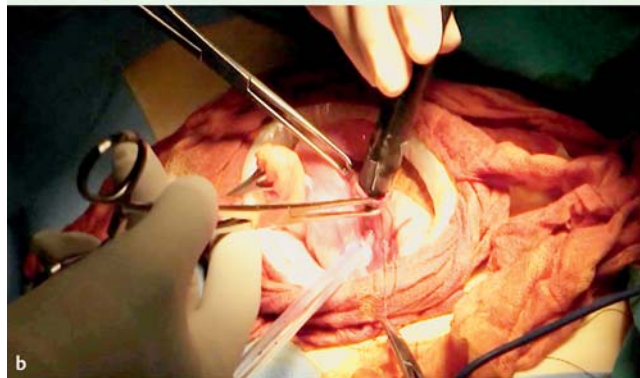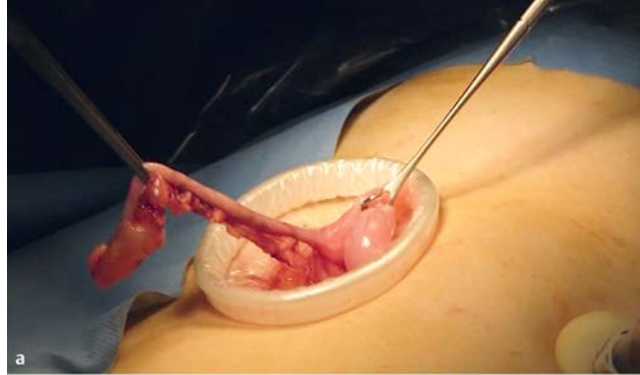
Video 1

Colonoscopy through appendectomy.

of the presence of stenosis and diverticula. Computed tomographic colonography showed stenosis of the colon and two additional polyps, one in the ileocecal valve and the other in the splenic flexure. These polyps were 7 and 5 mm in size, respectively (● **Fig. 1**).

The patient underwent two more colonoscopic procedures in which a thinner endoscope was used, but the stenosis still could not be passed. Therefore, he was referred to surgery and was advised that a colonoscopy could be carried out through an appendectomy, so as to avoid colonic segmental resection.

An appendectomy was performed, through which the colonoscope was introduced (● **Fig. 2**) and reached the sigmoid colon. The existing polyps were removed: those previously seen on computed tomographic colonography (tubular adenomas) and one in the sigmoid colon (tubulovillous adenoma) (● **Fig. 3**, ● **Fig. 4**, ● **Video 1**).

After a normal, uncomplicated appendectomy (● **Fig. 5**), the patient was finally discharged.

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