Single balloon enteroscopy (SBE) allows direct visualization of the small bowel and is important in the evaluation of covert gastrointestinal bleeding. The complication rate for double balloon enteroscopy is 1%. Complications include acute pancreatitis, perforation, and bleeding [1, 2]. There are no published data of bacteremia following double balloon enteroscopy.

A 57-year-old gentleman was admitted with anemia and extensive hemochezia. History included hepatojenostomy for biliary obstruction secondary to alcohol-induced chronic pancreatitis. He had noncirrhotic portal hypertension. During his admission he required 39 units of blood. Identification of the bleeding source proved difficult despite esophagogastroduodenoscopy, colonoscopy, and video capsule endoscopy. Radiological imaging demonstrated varices at the hepaticojenostomy anastomosis and porta hepatis (choledochal varices). The patient underwent SBE (Fig. 1). The procedure was uncomplicated and no abnormality was demonstrated. However, 24 hours later he developed clinically significant Streptococcus milleri bacteremia. Antibiotic treatment was commenced and he made an uneventful recovery. No other potential source of the bacteremia was identified.

In the case illustrated here, the portal of entry was mucosal trauma during the enteroscopic procedure. The risk of bacterial translocation following SBE in patients with portal hypertension should be highlighted, and thus antibiotic prophylaxis considered prior to SBE.

References

Bibliography
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Corresponding author
M. J. Austin, MRECP (UK)
Department of Gastroenterology
St Thomas’ Hospital
London
SE1 7EH
UK
Fax: +44-207-1882484
mark.austin@gstt.nhs.uk