Acute appendicitis after a colonic endoscopic submucosal resection

Key words: Acute appendicitis. Submucosal resection. Colonoscopy. Laparoscopy.

Dear Editor,

In relation to the article entitled "*Colonic endoscopic full-thickness resection (EFTR) with the over-the-scope device (FTRD): a short case series"* by Marín-Gabriel JC et al. (1), herein we present an unusual complication after endoscopic submucosal resection (ESR).

The ESR is an advanced therapeutic endoscopy technique for superficial gastrointestinal neoplasia and is considered as an alternative to surgical resection. Acute appendicitis (AA) is one of the most frequent surgical pathologies. Even though the cause of AA is unknown in the majority of cases (2), it has been described as a complication after a colonoscopy (3).

Case report

A 59-year-old male underwent a colonic polyp ESR with a hemostatic clip application next to the appendiceal orifice, which was uneventful. The patient suffered hypogastric abdominal pain, nausea and fever several hours after the procedure. Peritoneal irritation in the right iliac region was identified during the physical examination as well as an acute inflammatory reaction with an elevated white blood cell count. An abdominal computed tomography (CT) scan was performed which identified appendiceal wall thickening and swelling of the surrounding fat tissue which was compatible with AA.

Antibiotics were prescribed and the patient underwent clinical observation. However, there was substantial clinical and analytical deterioration 24 hours later, and therefore a laparoscopy appendectomy was performed. The post-surgical period was uneventful and the patient was discharged. Pathological analysis identified a gangrenous AA and the polyp was identified as a tubular adenoma with a low grade mucinous neoplasm.

Discussion

ESR is a minimally invasive technique for the endoscopic resection of polypoid lesions and superficial gastrointestinal neoplasms, which was developed as an alternative to surgical resection (4). The most frequent complications are bleeding, bowel perforation and post-polypectomy syndrome (5). A high suspicion of AA is required in patients with abdominal pain after a colonoscopy in order to effectively provide an early treatment and prevent additional complications.

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