Pneumoperitoneum, Pneumomediastinum and Subcutaneous Emphysema Following Diagnostic Colonoscopy

Pneumoperitoneu, Pneumomediastino e Enfisema Subcutâneo Após Colonoscopia Diagnóstica

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Palavras-chave: Colonoscopia/efeitos adversos; Enfisema Subcutâneo; Pneumomediastino; Pneumoperitoneu.

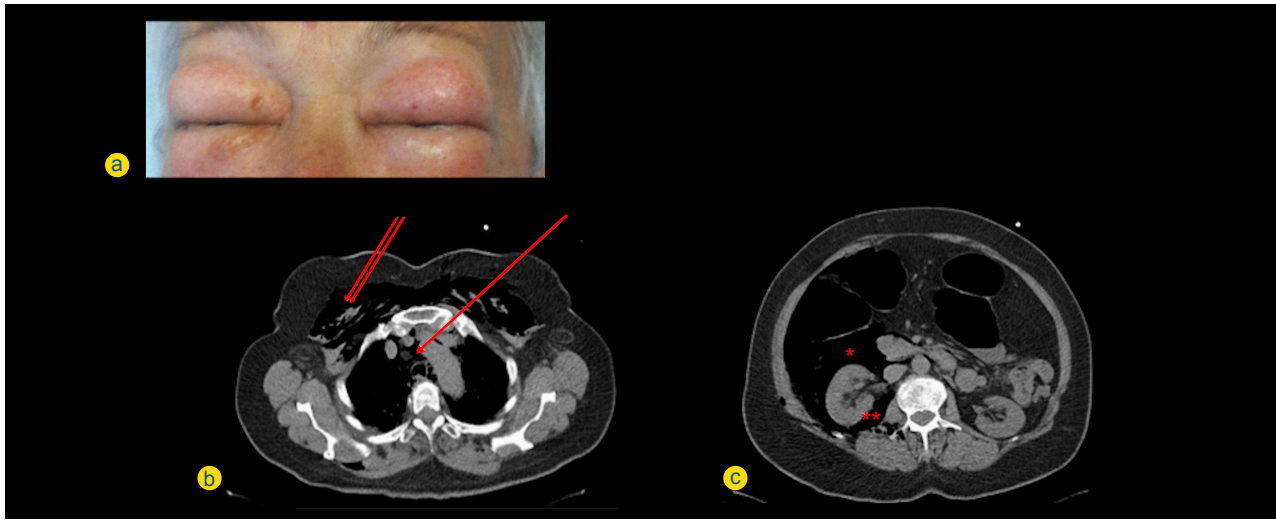

Figure 1 - a) Patient with emphysema in the face and eyelids. b) Chest CT scans where you can see pneumomediastinum (arrow) and subcutaneous emphysema (double arrow). c) Abdominal CT scans where you can see pneumoperitoneum (*) and retropneumoperitoneum (**).

A 60 year-old woman was undergoing a screening colonoscopy for colon cancer. During the colonoscopy, the patient had abdominal pain and emphysema in the face and eyelids (Fig. 1). Abdominal and chest CT scan showed a massive pneumoperitoneum, retropneumoperitoneum, pneumomediastinum and subcutaneous emphysema (Fig. 2). Laboratory tests were normal. The poor clinical status of patients with diffuse peritoneal irritation signs and hemodynamic instability contributed to perform surgery two hours after colonoscopy. A 1 cm perforation near the rectosigmoid junction was identified, without diffuse peritonitis. Primary closure of the perforation was performed. The patient progressed satisfactorily, without complications, and was discharged after 8 days.

Colonoscopy is a common and safe diagnostic and curative procedure. The incidence of perforation is 0.19 to 0.21% and usually happens after therapeutic procedures.[1] Sigmoid colon is frequently involved. Pneumomediastinum and subcutaneous emphysema occurs in exceptional cases.[2]

The choice to perform conservative treatment or endoscopic clipping[3-5] is determined by good patient condition and absence of signs of peritonitis. Surgical treatment is indicated when patient condition is poor, or has peritonitis signs.[1,2,4,5]

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