Giant Small Bowel Polyp with Intussusception Managed by Single-Balloon Enteroscopy in a 6-year-Old Peutz-Jeghers Syndrome Patient

Tao Sun, Bairong Li and Shoubin Ning*
Department of Gastroenterology, PLA Air Force General Hospital, China

CASE REPORT

A 6-year-old boy with a family history of Peutz-Jeghers syndrome (PJS) presented with intermittent abdominal pain for three months. Physical examination showed typical melanotic macules on lips and finger tips (Figure 1a, b arrow). Abdominal ultrasonography showed multiple intussusceptions.

After two polypectomy procedures with upper gastrointestinal endoscopy and colonoscopy, ultrasonography showed the persistence of small intestine intussusception. So per-oral single-balloon enteroscopy was performed.

Intussusception was observed about 180cm distal to the pylorus, the enteric cavity was dilated due to chronic obstruction. After inflation a 5×8cm giant lobulated broad-rooted polyp was found (Figure 1c). A better view of the polyp was achieved by retroflexion of the enteroscope. Adrenalin saline solution (1:10000) was injected into the base of the polyp to prevent perforation and bleeding. Endoscopic polypectomy was then carried out by a piecemeal method (Figure 1d, Video S1). The residual root

Copyright: © 2018 Ning S et al., Journal of Case Reports: Clinical & Medical This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation this article: Tao Sun, Bairong Li and Shoubin Ning. Giant Small Bowel Polyp with Intussusception Managed by Single-Balloon Enteroscopy in a 6-year-Old Peutz-Jeghers Syndrome Patient. Journal of Case Reports: Clinical & Medical. 2018; 1(3):123

Corresponding author: Shoubin Ning, Department of Gastroenterology PLA Air Force General Hospital, 30 Fucheng road, Beijing, 100142, China, Tel: +8615712962280 Email: ning-shoubin@163.com
of the polyp was managed using titanium clips. The patient’s abdominal pain was resolved after the procedure and ultrasonography confirmed the disappearance of intussusception. No adverse effects were reported. The pathology revealed hamartomatous polyp (Figure 2).

In PJS patients, small bowel polyps often occur early in life during childhood, leading to obstruction and intussusception. Single-balloon enteroscopy had been used for the diagnosis and treatment of PJS [1]. However, laparotomy was still the primary therapeutic method for small intestine polyps in pediatric PJS patients, especially when the patients were too young (<7 years) or the polyps were too big (>5cm) [2]. To our best knowledge, this was the largest small bowel polyp ever treated with balloon-assisted enteroscopy in pediatric PJS patients. Our case confirmed this minimal invasive treatment can provide an option for resection of giant small intestine polyps complicated with intussusception in PJS patients at a very early age, and is a viable alternative to surgery.

REFERENCES
