Journal of Case Reports: Clinical & Medical

Clinical Image

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

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ARTICLE INFO

Received Date: October 22, 2018
Accepted Date: October 25, 2018
Published Date: October 29, 2018

KEYWORDS

Peutz-Jeghers syndrome
Intussusception
Single-balloon enteroscopy

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

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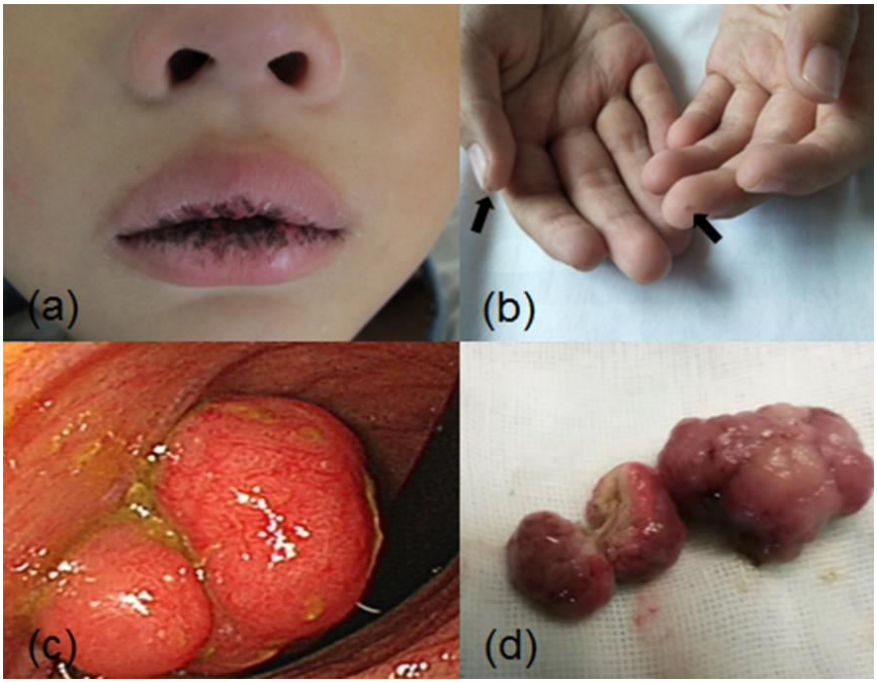
CASE REPORT

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 typicalmelanotic macules on lips and finger tips (Figure 1a, b arrow). Abdominal ultrosonography showed multiple intussusceptions.

Figure 1: pigmented macules over the lips (a) and hands (b arrow). clobulated broad-rooted giant small bowel polyp. d the polyp was resected by a piecemeal method

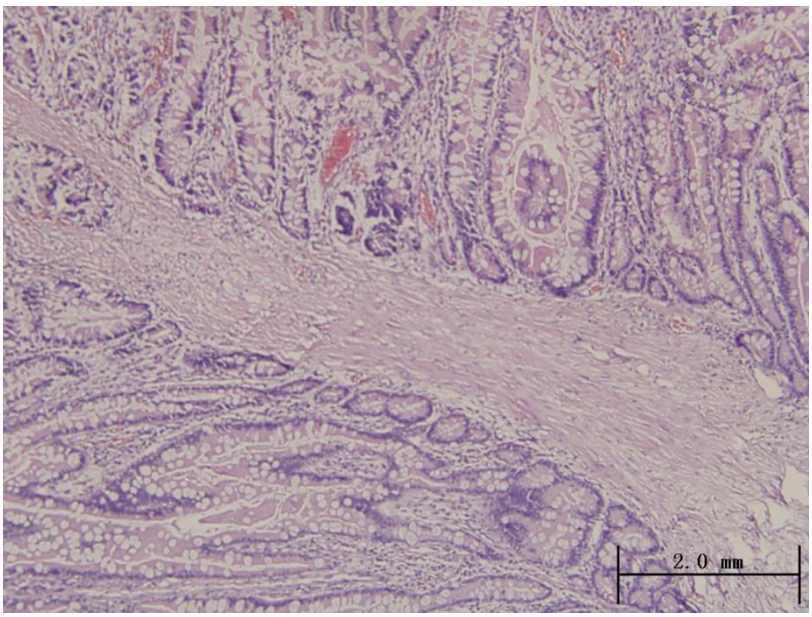


After two polypectomy procedures with upper gastrointestinal endoscopy and colonoscopy, ultrosonography showed the persistence of small intestine intussusception. So per-oral single-balloon enteroscopy was performed.

Intussusception was observed about 180cm distal tothe pylorus, the enteric cavity was dilated due to chronic obstruction. After inflation a 5×8cm giant lobulated broad-rootedpolyp 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

of the polyp was managed using titanium clips. The patient's abdominal pain was resolved after the procedure and ultrosonography confirmed the disappearance of intussusception. No adverse effects were reported. The pathology revealed hamartomatous polyp (Figure 2).

Figure 2: The pathology revealed hamartomatous polyp (HE staining, ×100).



In PJS patients, small bowel polyps often occurs 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 biggest small bowel polyp ever treated with balloon-assisted enteroscopy in pediatric PJS patients. Our case confirmed thisminimal 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.

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