INTRODUCTION

Peutz-Jeghers syndrome is an inherited condition typically producing innumerable small bowel polyps that carry an inherited risk for cancer. We demonstrate a case of laparoscopic assisted enteroscopy using a pediatric colonoscope for improved mobilization and therapeutic interventions compared to a standard double balloon endoscope in a patient with prior abdominal surgeries.

CLINICAL CASE

Patient is 38-year-old female with Peutz-Jeghers syndrome, since age 19, with known numerous gastric and small bowel polyps. History of numerous endoscopic evaluations with esophagogastroduodenoscopy and double balloon enteroscopies with polypectomy of large >1cm polyps. She underwent a retrograde double balloon enteroscopy where she had numerous polyps removed from the terminal ileum and colon. However, several large polyps were unable to be removed due to technical challenges where the snare could not be advanced beyond scope tip due to looping likely contributing from prior intra-abdominal surgeries. After careful coordination and discussion with surgery department, patient underwent a laparoscopic small bowel enteroscopy with a pediatric colonoscope. Using laparoscopic bowel graspers, the small bowel was telescoped and advanced onto the endoscope making forward advancement of the small bowel over the scope and navigating around the prior anastomoses. In this fashion, we were able to endoscopically visualize the small bowel all the way to approximately 10 cm proximal to the terminal ileum. Two large pedunculated polyps ranging 40-60 mm were removed with endoscopic mucosal resection (EMR) and hemoclip placement to prevent bleeding. Patient tolerated procedure well and discharged home with a 6-month follow up surveillance.

DISCUSSION

Peutz-Jeghers syndrome is an inherited condition that carries increased risk for developing hamartomatous polyps. These polyps are prone for developing small bowel cancers and complications such as intussusceptions or anemia. Majority of these polyps are typically removed endoscopically with diathermy snare. However, endoscopic polypectomy can be technically challenging or unsafe when performed on larger polyps, or at difficult positions. Laparoscopic device assisted endoscopy (LDAE) is an established alternative to colonic resection of large or inaccessible polyps. Typical LDAE involves a double balloon enteroscope. However, our procedure included a pediatric colonoscope that provided improved endoscopic positioning and therapeutic options such as EMR. LDAE provides strengths of laparoscopy and endoscopy without the need for open segmental colectomy or resection.

REFERENCES