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Iatrogenic Perforations during Colonoscopy*

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Abstract
The incidence of iatrogenic colonic perforations in the medical literature ranges between 0.005% and 0.63% with the majority of patients requiring laparotomy for repair. Colonoscopic perforation may occur due to several mechanisms: blunt trauma to the colonic wall, barotrauma from air insufflation, unintentional endoscopic resection or excessive thermal injury. Our clinical experience includes 1,953 colonoscopies, performed by three surgeons over the course of five years, between 2008 and 2012. During this period of time, four colonic perforations occurred, which corresponds to an incidence of 0.2%. None of these four colonoscopies included therapeutic procedures. Two of the four lesions were diagnosed during the procedure, while the other two were diagnosed after 24 hours. All patients needed a laparotomy for repair. Segmental colonic resections were performed in three cases, followed by a primary anastomosis (one case) or by a terminal colostomy (two cases). In the fourth patient, in whom a generalized peritonitis had developed, the suture of the perforation protected by a lateral colostomy was thought to be a safer solution. Colostomies were removed six months after the first operation. No major post-operative morbidity or mortality were recorded. Age over 75 years, female gender, lower BMI, associated comorbidities and diverticulitis were identified as possible risk factors associated with these injuries.
Key words: colonic perforation, colonoscopy

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