

Snare Entrapment and Bleeding in Large Colonic Polyp: A Case Report

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Abstract

Snare entrapment is an uncommon but serious complication of polypectomy and frequently requiring surgery. We report a case of snare entrapment in large bleeding sigmoid colon removed with forcep and treated with Hemospray. Non-surgical management of snare entrapment during polypectomy included the "zip-line" technique, needle-knife transection and removal of snare after use of cautery forceps in the embedded tissue. Risk factor for snare entrapment included ensnaring of excessive tissue, wrong setting of electrosurgical unit and malignancy. Hemospray is an effective and safe method for endoscopic haemostasis of acute upper neoplastic gastrointestinal bleeding.

Keywords: Snare entrapment; Polyp; Colon; Bleeding

Case Report

A 64 years old man underwent colonoscopy because a positive fecal occult blood test in screening program.

We performed complete unsedated colonoscopy using water exchange technique in our endoscopy room. In the descending colon we found five sessile polyps of 5-6 mm of diameter resected with cold snare (hyperplastic at histology examination) and in the sigmoid colon a sessile lesion of 10 mm of diameter resected with hot snare after submucosal injection (serrated with low grade of dysplasia at histology) [1,2].

In the distant sigmoid colon was noted a sessile lesion of 60 × 40 mm. After generous submucosal epinephrine injection into polyp base, with homogeneous lifting, a 25 mm standard polyfilament duckbill snare was closed around part of polyp and current (EndoCut Q, effect 4, length and interval 1; forced coagulation 25 W, effect 2 with electrosurgical unit ERBE VIO 300D) was applied. Lesion could not be removed: the snare become embedded in the polyp tissue and could not be removed. Lesion began to bleed plenty. The handle of the snare was cut and colonoscopy was withdrawal leaving the wire of snare exiting the anus [3,4].

The "zip-line technique" described by Herman et al. [5] was impracticable for size of lesion and profuse bleeding. In addition the

patient complained of intense discomfort and abdominal pain for previous polyps resections. So, we preferred to try potentially faster and conservative therapy. At successive colonoscopy we found a snare entrapped in an active bleeding polyp.

Retrieval forcep alligator-tooth type was inserted through the new colonoscopy channel and the entrapped snare was slowly and circumferentially mobilized and then complete removed.

Finally, hemostasis was performed with Hemospray [6]. An abdominal computed tomography revealed lesion suggestive for tumor, then histopathological examination of the specimen confirmed the diagnosis of adenocarcinoma. The patient was referred for surgical treatment.

Discussion

Snare entrapment during polypectomy is a very rare complication. We report a simple and conservative technique for removed snare in a difficult case of massive bleeding of malignant colon polyp. Hemospray may offer a simple and effective therapy also in acute lower gastrointestinal neoplastic bleeding. Randomized controlled trials are needed to further validate our observation.

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