Reply on Comments on 'A Lesson to Learn in an Iatrogenic Perforation of Sigmoid Volvulus after Endoscopic Derotation'

'Endoskopik Derotasyon Sonrası Sigmoid Volvulusun İyatrojenik Perforasyonunda Öğrenilecek Bir Ders' Hakkındaki Yorumlar

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ABSTRACT

Acute sigmoid volvulus is a surgical emergency, in which the initial treatment is endoscopic derotation in uncomplicated cases. Flatus tube dislodge is one of the common condition after endoscopic intervention. By performing a technique against the term of reference, management of a patient can skew towards a guarded outcome. I reply to comments on a paper concerning on iatrogenic bowel perforation after a successful endoscopic derotation of acute sigmoid volvulus.

Key Words: Iatrogenic disease, sigmoid colon, volvulus

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ÖZET

Akut sigmoid volvulus, komplike olmayan vakalarda ilk tedavinin endoskopik derotasyon olduğu cerrahi bir acil durumdur. Flatus tüpün yerinden çıkması endoskopik müdahaleden sonra sık karşılaşılan durumlardan biridir. Referansa karşı bir teknik uygulayarak, hastanın yönetimi korunan bir sonuca doğru eğilebilir. Akut sigmoid volvulusun başarılı bir endoskopik derotasyonundan sonra iyatrojenik bağırsak perforasyonu ile ilgili bir makaledeki yorumları yanıtlıyorum.

Anahtar Sözcükler: İyatrojenik hastalık, sigmoid kolon, volvulus

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We have read with great interest the constructive comments by Atamanalp SS on our article which was recently published(1,2). We are amazed with the case experience and findings produced on a very large data on sigmoid volvulus as highlighted(3). Our case described a 78-year-old man with typical features of sigmoid volvulus. An endoscopic reduction was performed under direct guidance and subsequent flatus tube was inserted. However, the tube dislodged at night and reinsertion was made without direct guidance. To our surprise, the tube was cut slanting prior to reinsertion. He developed sigmoid perforation requiring Hartmann's procedure. Unfortunately, he succumbed to death due to severe sepsis.

Among the purposes of writing up a case report or series in principles are to highlight on (1) a rarity of clinical condition, (2) a previously unreported or unrecognized disease, (3) unusual side effects to treatment, and (4) unique use of imaging modalities or (5) diagnostic tests to assist on a confirmatory diagnosis(4). Ours highlighted on the errors that complicated a treatment modality. We realise that it would subject to a criticism or query from the readers, but at the end of the day, our aim is to prevent a similar event to happen in the future. Rubbing salt into the wound, it involved eventful mortality unfortunately.

We totally agree with the comments and issues arose. Few lessons that can be learnt from our case: (1) a proper soft flatus tube should be utilized instead of a stiff trocar-less chest tube, (2) never cut any tube and insert the sharp end through the anus, (3) never attempt to reinsert a dislodged tube without a direct endoscopic guidance, and (4) a dislodged / displaced flatus tube should not be reinserted as acute recurrent sigmoid volvulus is uncommon. Eventually, we hope that our manuscript can be benefitted by all readers, thus similar avoidable complications can be prevented.

Conflict of interest

No conflict of interest was declared by the authors.

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