

# Novel strategy in retrieving a long foreign material using single balloon enteroscope with caps

*Uzun bir yabancı cismin çıkartılmasında yeni bir strateji: Kep takılmış tek balonlu enteroskopi*

To the Editor,

An 87-year-old disabled man with a past history of dementia was admitted due to nausea, vomiting and early satiety. Physical examination revealed one old surgical scar over the abdominal wall, normoactive bowel sound and mild tenderness over the left upper quadrant region of the abdomen. Kidney-ureter-bladder (KUB) radiography showed hyperdense bended tubular material retention over the left abdomen. Abdominal computed tomography disclosed a long metal tubular material over the fourth portion of the duodenum (Figure 1A).

Single-balloon enteroscopy (SBE) with oral approach was performed to evaluate this foreign body in the small intestine. One distal attachment cap (Olympus, D-201-10704) was attached to the tip of the enteroscope (Figure 1B). To avoid intestinal damage caused by this long and rigid metal tube (Figure 1C), the tip of this tube was pulled into the cap by snare. Then, it was removed by this method without any complication or serious mucosal injury. The material was 8 cm in length and 0.3 cm in width (Figure 1D). Follow-up KUB the next day showed that there was no tubular material retention in the left abdomen.

The SBE is new and technically easier to perform as a viable alternative to double-balloon enteroscopy. Cap-assisted endoscope is applied in many aspects inclusive of hemostasis, resection of lesions and foreign body removal (1). From a PubMed search, to date, the longest tubular material removed with enteroscopy was reported by Safatle-Ribeiro et al. (2), who retrieved an iron needle (4.5 cm) from the small bowel without major mucosal trauma.

## REFERENCES

1. Sumiyama K, Rajan E. Endoscopic caps. *Tech Gastrointest Endosc* 2006; 8: 28-32.
2. Safatle-Ribeiro AV, Couto DS Jr, De Souza TF, et al. Single-balloon endoscopy for removing a foreign body in the small bowel (with video). *Gastrointest Endosc* 2009; 70: 781-2.

Address for correspondence: Tien-YU HUANG

Division of Gastroenterology, Internal Medicine, Taipei, Taiwan, Province of China  
E-mail: teinyu27@ndmctsg.edu.tw

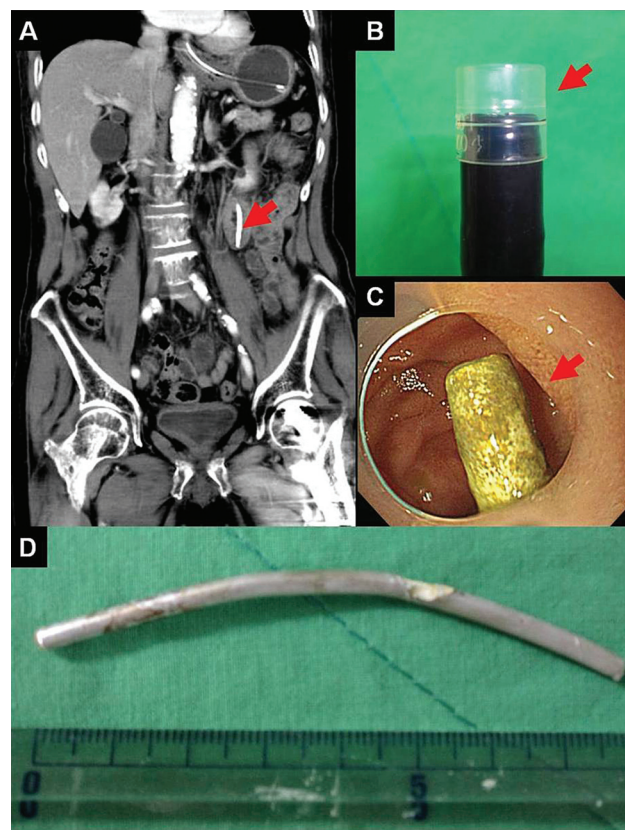


Figure 1.

Here, we present a new strategy with SBE plus caps. In this manipulation, the sharp tip was covered within the plastic cap; the whole tubule was movable and its retrievable feasible with the endoscope operated by the clinician. To our best knowledge, this case report describes the longest object successfully retrieved with enteroscopy thus far.

Hsuan-WEI CHEN, Te-YU LIN, Tien-YU HUANG

Division of Gastroenterology, Internal Medicine, Taipei, Taiwan, Province of China

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