A 46-year-old woman underwent diagnostic colonoscopy and mucosectomy in September 2005 for evaluation of a change in bowel habits and polypoid lesion. The examination was performed without difficulty and the mucosectomy was done. It was found during colonoscopy a tear in the transverse colon that was produced by mucosectomy (Figure-1). Postprocedure she complained of diffuse abdominal pain with radiation to her shoulders. Her abdomen was distended but soft...
Colonscopy is a remarkably safe procedure with low incidence of major complications such as bleeding and perforation. The incidence of perforations has been reported as between 0.045 and 3%. Diagnostic colonoscopy carries a lower risk of perforation, ranging from 0.045 to 0.8%. Therapeutic colonoscopy carries a risk of perforation ranging from 0.073 to 3% \(^2,^3,^5,^9\). Although some colonic perforations are now selectively observed, those that require exploration and operative repair cause significant morbidity. Perforations during therapeutic colonoscopy usually occur during hot biopsy or polypectomy. These perforations are caused by thermal injury at the operative site and result in a smaller injury with less contamination than tears from diagnostic colonoscopy \(^1,^4,^5\).

Depending on the operative findings and the skill and experience of the laparoscopic surgeon, repair may be attempted. Laparoscopic treatment seems to reduce the invasiveness and morbidity of major surgery. At the same time, it is more definitive injury management than conservative treatment. If laparoscopic repair is possible the benefits associated with minimally invasive procedures may be obtained. It allowed us to avoid an unnecessary laparotomy and other time-consuming and expensive diagnostic investigations.

Laparoscopy should allow early evaluation of operative patients and primary repair of those with minimal surgical contamination and no residual pathology. Early intervention laparoscopically may also decrease the severity of this iatrogenic complication and the need for colostomy and reoperation for its takedown \(^2,^4,^7,^8\). The benefits of minimally invasive surgery, such as shortened hospitalization, more favourable postoperative status and rapid return to full activities, including work, were realized in our patient.

**FINAL COMMENTS**

In patients with an emergency abdomen due to a postcolonoscopy perforation, we consider the laparoscopic approach a feasible and safe option to
treat colonic perforations in experienced hands. This approach represents an excellent means of managing this type of emergency abdominal situation 3,6,8.

Referências Bibliográficas


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