

## Large jejunal bezoar with small bowel obstruction successfully treated by single-balloon endoscopy

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Gastrointestinal bezoars are rare, cause nonspecific symptoms, associated gastric dysmotility, anatomical abnormality or medications. Severe obstruction can be fatal, in that cause acute peritonitis or perforation and the patient can need surgery. A 65-year-old woman presented to the emergency department with the complaint of abdominal pain, distension, and vomiting that had persisted for five days. She had undergone subtotal gastrectomy for gastric cancer 2 years ago. A computed tomography scan revealed a 2.8 x 3.8 cm sized mass with a mottled gas pattern in the mid-jejunum, with marked dilatation of the stomach and proximal jejunum (Fig. 1). We performed peroral single-balloon enteroscopy(SBE) (SIF-260; Olympus, Japan). A yellowish-green phytobezoar occupying the whole lumen of the mid-jejunum was observed (Fig. 2a). Initially, we attempted to fragment the phytobezoar using forceps and snares; however, this approach failed due to its hardness. Instead, we administered 500 ml Coca-Cola to soften the phytobezoar wall. The next day, a CRETM (controlled radial expansion) wire-guided balloon dilatation catheter (Boston Scientific Corporation, Natick, MA, USA) could be introduced to the softened phytobezoar. A guidewire with 0.025-inch diameter was passed through the center of phytobezoar and a 10-to-12-mm balloon catheter was placed. Then we inflated the balloon up to 12 mm to fragment the bezoar into small pieces (Fig. 2b). Additionally, we used a Dormia basket (Cook Medical, Bloomington, IN, USA) to gradually fragment the phytobezoar into even smaller pieces (Fig. 2c). The total procedure time was about 50 minutes, and no complications were noted. The patient was discharged after bezoar resolution (Fig. 2d). Bezoar-induced small bowel obstruction accounts for 0.4-4% of all mechanical bowel obstruction. Surgery is inevitable once bezoar causes small bowel obstruction. Our experience in removing a large bezoar stuck at the mid-jejunum suggests that SBE using CRETM wire-guided balloon dilatation catheter and Dormia basket can be a feasible option for endoscopic fragmentation and an ideal substitute for surgery to solve this clinical problem.

