RETRIEVAL OF A RETAINED CAPSULE ENDOSCOPY THROUGH A METALLIC COLONIC STENT IN A PATIENT WITH A NEOPLASTIC OBSTRUCTION.

Extracción de cápsula endoscópica retenida a través de un stent metálico en un paciente con neoplasia colónica estenosante.

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We present a case of a 77-year-old woman with a history of iron-deficiency anemia. An upper GI endoscopy and colonoscopy were performed in 2019 without significant findings other than colonic diverticula. A year later, a small bowel capsule endoscopy (SBCE) ruled out any pathological lesions in the small bowel, reaching the cecum without complications. However, one month after ingestion of SBCE the patient was admitted to the emergency department due to nausea, abdominal bloating and tenderness. Abdominal CT-Scan revealed a stenosis in the descending colon with an image of a metallic foreign body consistent with a retained capsule and important dilation of the proximal colon **(Figure A)**. A colonoscopy was performed showing a stenotic mucosal lesion that was suspicious for colonic neoplasia located at 50cm from the anal verge. Multiple biopsies were taken. Afterwards, a self-expandable metal colonic stent of 90x25mm was deployed under radiologic and endoscopic control **(Figures B, C)** resulting in the drainage of fecal material and solving the obstructive syndrome. SBCE was successfully retrieved under radiologic control using a polypectomy snare through the metal stent **(Figure D)**. Finally, the patient was discharged. Pathological reports confirmed a colorectal adenocarcinoma and the patient is currently awaiting for oncologic surgery.

Capsule retention is a known but uncommon complication of SBCE, occurring in approximately 2% of patients[1,2]. It occurs almost always in the small bowel (88.2%), is generally asymptomatic (61.5%), and can be usually solved without surgery, unless the origin is a malignant lesion or develops obstructive syndrome[2,3]. In this case, we present an obstructive syndrome due to a capsule retention in the colon, which is a highly infrequent (0.9%) location[2], that could be solved with endoscopic treatment, thus avoiding urgent surgery and allowing an optimal diagnostic and therapeutic pathway for the patient.

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Figure A.- CT scan showing retained SBCE and colonic dilatation

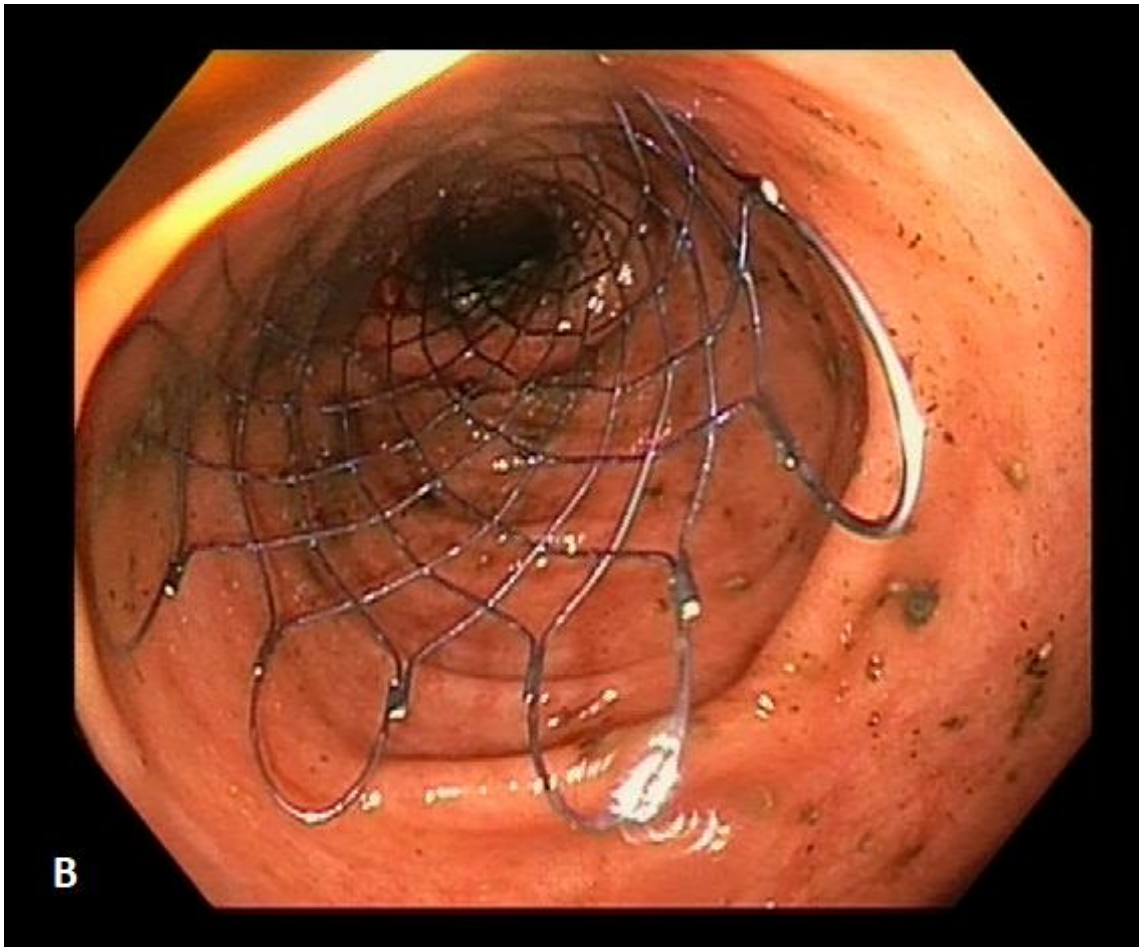

Figure B.- Endoscopic view of the self-expandable metal colonic stent

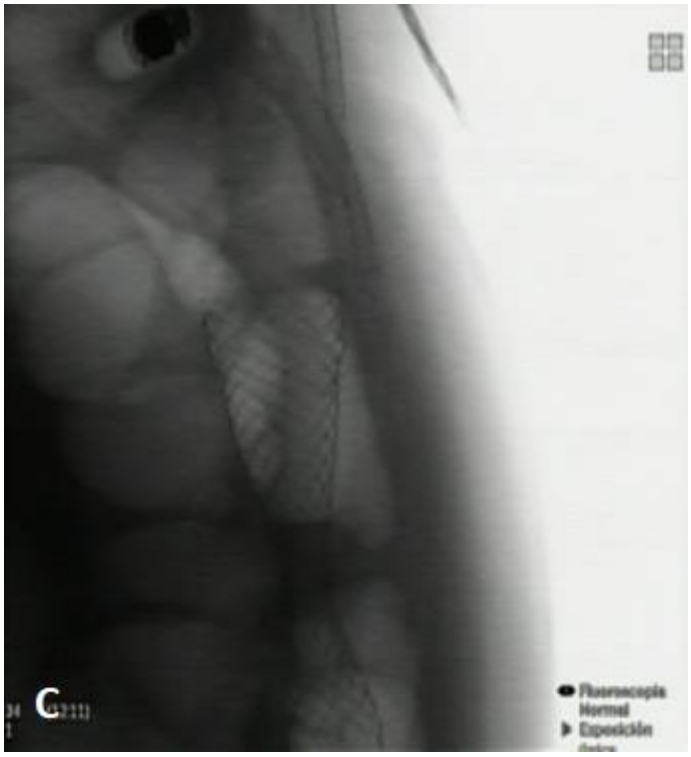

Figure C.- Radiologic view of the self-expandable metal colonic stent

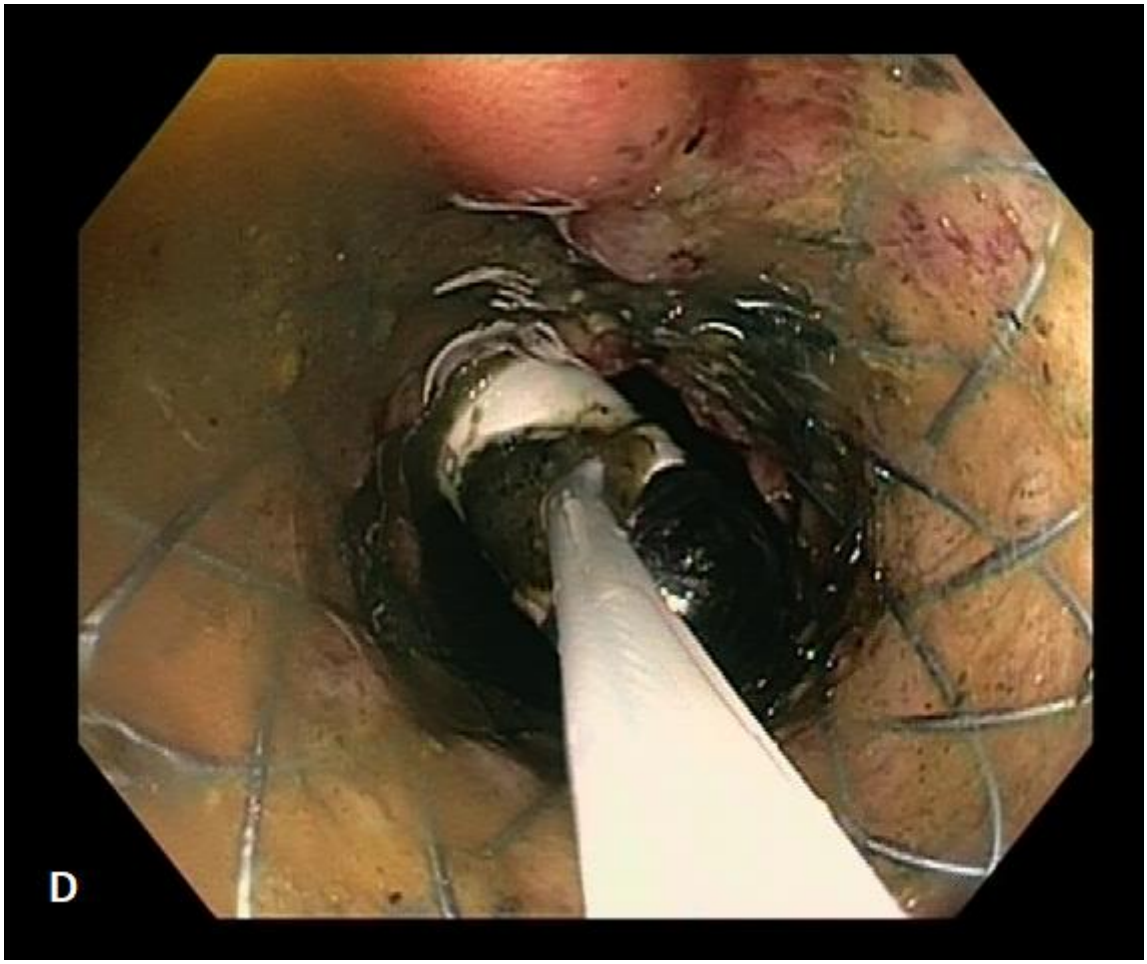

Figure D.- SBCE retrieval through the metal stent