

# 유경성 대장 지방종의 내시경 절제 1예

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대장의 지방종은 드문 양성질환이다. 작은 크기에서는 무증상이나 3 cm 이상의 크기에서는 복통, 변비, 항문출혈, 대장폐색, 창자검침증과 같은 증상이 동반되기도 한다. 대장지방종은 전통적으로 수술적으로 제거하였으나 최근에는 내시경 절제술로 치료하기도 한다. 하지만 2 cm 크기 이상의 지방종의 절제에서 천공 발생의 위험성이 높다. 저자들은 우하복부의 통증을 호소하는 66세 남자환자에서 발견된 상행결장의 유경성 지방종을 내시경절제술로 합병증 없이 제거하였기에 보고한다. 대장내시경검사서 상행결장 중간부위에서 유경성의 5.5 cm 크기의 병변이 관찰되었다. 병변은 표면이 매끈하였으며 부드러웠고 조직검사로 눌렀을 때 쉽게 함입되었고 종괴의 줄기는 5 mm 정도로 가늘었다. 통증을 완화시키고 정확한 조직검사결과를 얻기 위하여 병변의 줄기에 생리식염수와 에피네프린 용액을 주입한 후 대장 내시경과 올가미를 이용하여 병변을 제거하였으며, 적출 부위는 헤모클립을 이용하여 지혈하였다. 종괴의 단면은 황색을 띠었으며, 점막하 지방종의 양상을 보였다. 시술 이후 적출 부위의 출혈이나 천공은 발생하지 않았으며 환자의 우하복부 통증과 누름통증은 소실되었고 6개월 이상 추적관찰 하였으나 특이소견과 합병증이 관찰되지 않았다.

# Toothpick Impaction with Sigmoid Colon Pseudodiverticulum Formation : Successful Colonoscopic Management

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**Introduction** If an ingested foreign body successfully navigates the esophagus, it will frequently pass through the entire gastrointestinal tract. We describe here the case of a man with abdominal pain caused by a toothpick impacting the sigmoid colon, resulted in a pseudodiverticulum formation. The foreign body was diagnosed and managed successfully during colonoscopy. To our knowledge, colonic pseudodiverticulum caused by toothpick impaction has not been reported. **Case report** A 52-year-old man presented with lower abdominal pain of 1-month duration. The pain was begun in the epigastric area and migrated to the lower abdominal area. He had a history of traumatic subdural hematoma 3 months ago and has been treated with an anticonvulsant drug. Physical examination revealed mild lower abdominal tenderness without rebound tenderness. Laboratory and endoscopic examinations were recommended, but he refused further evaluation. Seven days later, he revisited our hospital with severe lower abdominal pain. On physical examination, aggravated tenderness was noted in the lower abdominal region without rebound tenderness. The next day, colonoscopy was performed and revealed a fixed sigmoid loop with a toothpick of 6 cm length that had impacted the distal sigmoid colon with surrounding mucosal erythema and edema. The toothpick was cautiously removed using foreign-body extraction forceps. Subsequent questioning yielded a history of accidental toothpick ingestion during a afternoon nap 2 weeks ago. Abdominal computed tomography (CT) revealed severe wall thickening, pericolic fat infiltration and peritoneal thickening in the distal sigmoid colon. In addition, a small air-containing cavity lined by thin epithelium was noted in the serosal surface of the distal sigmoid colon, which was consistent with pseudodiverticulum. Treatment with broad spectrum parenteral antibiotics was started and continued for 7 days. The patient had an uneventful hospital course; the WBC count, ESR and CRP returned to normal within 48 hours. Follow-up abdominal CT 4 days later revealed interval improvement with disappearance of the pseudodiverticulum. The patient did well after discharge.