

(21222) - FROM THE DENTIST'S OFFICE TO THE ENDOSCOPY SUITE: THE STORY OF A COLONIC LATERAL SPREADING TUMOR

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Introduction: In the emergency department (ER), efficient time management and prioritization are essential. These facts sometimes prevent a meticulous endoscopic examination. However, it is crucial to exercise caution in patients who have not undergone recent endoscopic evaluations to prevent overlooking apparent lesions.

Aim: to describe a case of an incidentally colonic lesion found during a foreign body retrieval.

Case Summary: We report the case of a 66-year-old female patient with no significant medical history, referred to the ER department two weeks after accidentally swallowing a dental drill during a routine dental procedure. The patient was asymptomatic, and the physical examination had no abnormalities. Abdominal X-rays revealed a radiopaque foreign object in the right iliac fossa, possibly in the ileocecal valve (figure 1). After bowel preparation, the patient agreed to undergo a colonoscopy to attempt endoscopic removal of the foreign body. The dental drill was identified in the transverse colon and removed using an endoscopic snare (figure 2). No complications were observed. During the withdrawal, a 30mm granular lateral spreading tumor, nodular mixed type, involving half of the circumference was identified in the descending colon (figure 3). The patient denied previous colonoscopies for colorectal screening. The lesion was resected in an outpatient setting. After submucosal injection, we employed a piecemeal, hot snare endoscopic mucosal resection technique, followed by snare tip soft coagulation of the resection margin. (figure 4). Prophylactic steroids were administered to prevent colonic stenosis. Histological examination revealed a colonic adenoma with high- grade dysplasia. A follow-up colonoscopy was performed six months later, revealing no evidence of recurrence (figure 5).

Relevance: Careful inspection is essential even during targeted/urgent exams, especially in patients without recent endoscopic evaluations.

Palavras-Chave: Foreign body extraction, Lateral spreading tumor



Figure 1: Radiopaque foreign object in the right colon



Figure 2: Endoscopic Wire Loop Retrieval

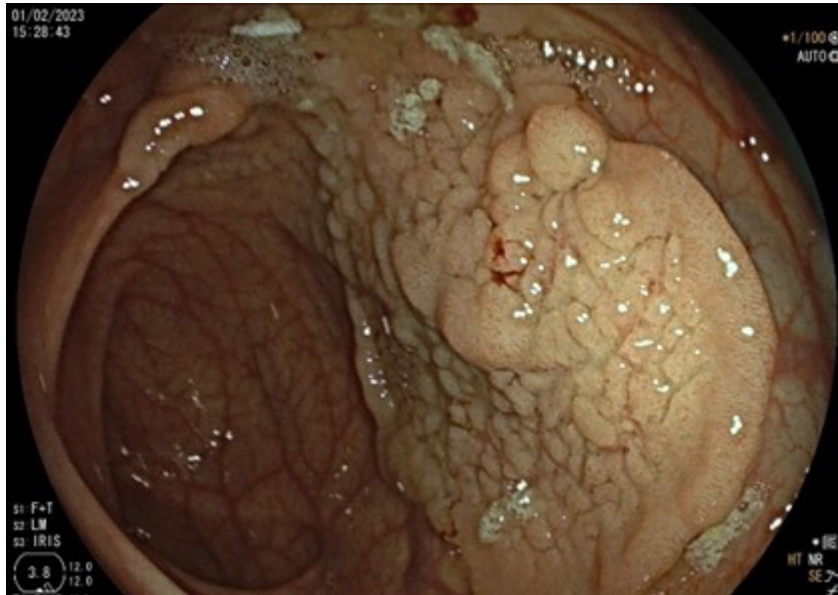


Figure 3: LST-G Nodular Mixed Type

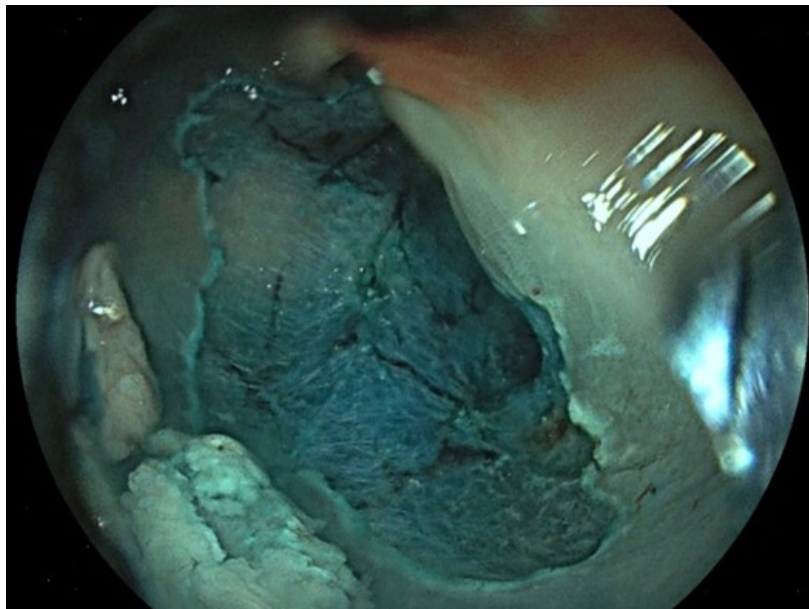


Figure 4: Mucosectomy Scar After Resection