A 47-year-old male with Peutz Jeghers syndrome and metachronic polypoid lesions was diagnosed by capsule endoscopy. A double-balloon enteroscopy was performed for partially obstructive attacks of abdominal pain suspicious of small-bowel invaginations by big polyps; enteroscopy confirmed the diagnosis. A majority of polyps were localized in the jejunum, and a polypectomy of lesions greater than 1 cm was performed. Histology was consistent with harmatomatous polyps. The entire small bowel was explored using the oral route, and the cecum was reached through Bahuin’s valve (Figs. 1 and 2).

Double-balloon enteroscopy, described by H. Yamamoto (1,2), is a first-line method small-bowel exploration that complements capsule endoscopy. Yamamoto described the total exploration of the small bowel by the oral route (the anal route is more common in Asian series). However, we have seen no references on the total exploration of the small bowel with this technique in our setting.

In a study report of 635 enteroscopies (3) the median length of small bowel explored by double-balloon enteroscopy was 270 cm for the oral route and 150 cm for the anal route. Generally, a total exploration of the small bowel is possible using both the oral route and anal route in the same patient (4), but we found no references about the total exploration of the small bowel with this technique in our setting.

REFERENCES