



Pneumoperitoneum, Pneumoretroperitoneum, and Pneumoscrotum Following Transanal Excision of Rectal Polyp

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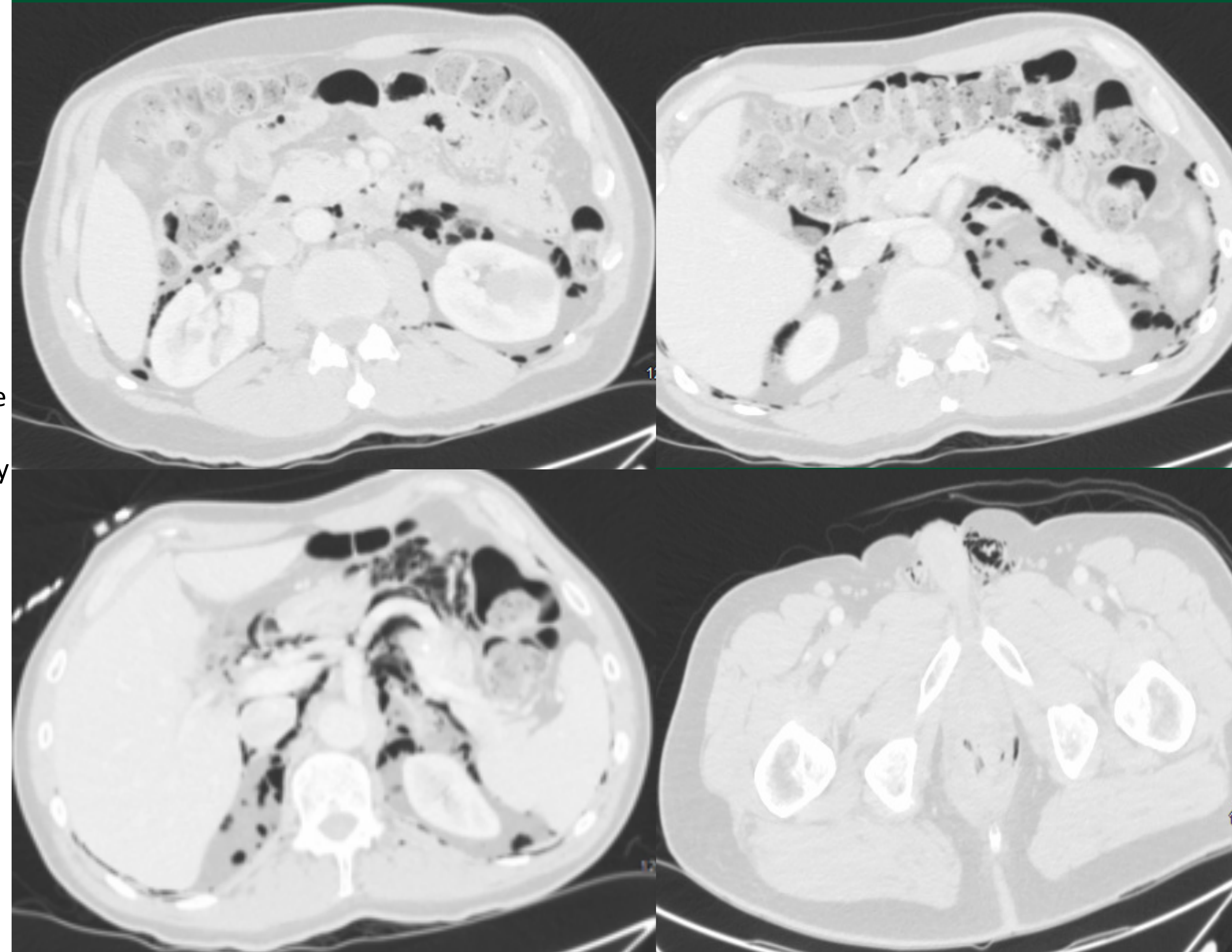
BACKGROUND

A 69-year-old male presented with extensive pneumoperitoneum, pneumoretroperitoneum, and pneumoscrotum two days after a transanal excision of a rectal polyp.

DISCUSSION

Our patient underwent a transanal excision of an endoscopically unresectable rectal polyp, two centimeters from the anal verge. Initially he was discharged home the same day. However, he presented on postoperative day two after developing fever of 102°F at home. He was hemodynamically stable with a benign physical exam and normal laboratory values. Computed tomography scan demonstrated intense air in the peritoneum, retroperitoneum, mesentery, subcutaneous tissue, and scrotum. He was taken for a rectal examination under anesthesia that demonstrated an intact suture line without any infectious source of the radiographic findings. Given his reassuring exam and hemodynamic stability, a non-operative approach was used for his management. He discharged home and recovered without sequela.

Non-operative management can be safely used in certain patients with pneumoperitoneum, pneumoretroperiteum



CONCLUSION

Transanal excision is a well tolerated procedure used in the management of rectal pathology. Despite a low resection away from the peritoneal reflection without utilization of endoscopic instrumentation or insufflation, our patient developed a rare complication of ectopic air translocation. Dissection of air through fascial planes is thought to have caused the visually shocking findings. While rarely reported in the literature, we suspect this may actually occur more often than realized as postoperative imaging is not routinely preformed. He was able to be successfully managed non-operatively. While modern technology and advanced imaging modalities play a major role in patient care, this case reiterates the importance of treating the patient rather than solely relying on imaging findings.