LETTER TO THE EDITOR

Sigmoid colon perforation by migration of a biliary prosthesis

Perforación de colon sigmoide por migración de una prótesis biliar

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This is the case of a 92-year-old woman with a history of colonic diverticulosis and an endoscopic sphincterotomy with placement of a biliary stent 2 months earlier due to choledocholithiasis, who came to the emergency room with acute abdominal symptoms. Computed tomography revealed pneumoperitoneum secondary to sigmoid perforation by a foreign body. The patient underwent surgery, performing segmental colonic resection and end colostomy due to a sigmoid perforation by the biliary prosthesis (Fig. 1). Evolution is favorable and she is discharged on the eighth postoperative day.

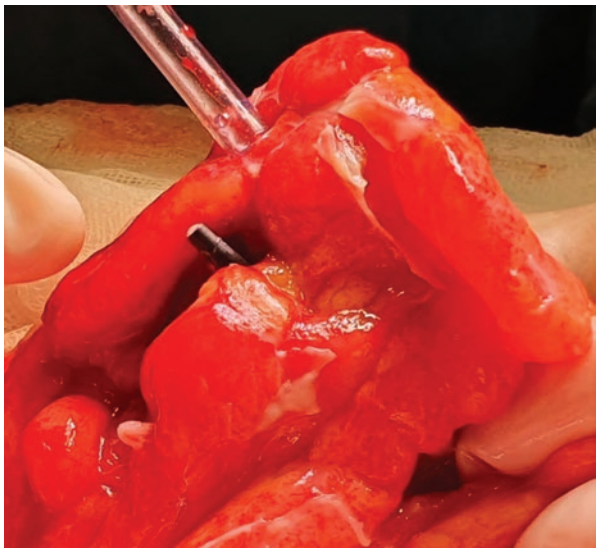

Figure 1. *Sigmoid colon perforation due to migrated biliary prosthesis.*

Migration of a biliary stent to the digestive tract is very rare (6%)[1,2]. It is more common with plastic prostheses, in the treatment of benign biliary strictures, and in the first 3 months after placement[1-3]. Generally, the migrated prosthesis is expelled with the feces, but on occasions it can cause complications (obstruction, perforation and penetration with fistulas)[1]. The duodenum is the most frequent location of complications. Colon perforation is exceptional (< 1%), and in 90% of cases it occurs in the sigma[4]. It has been related to the existence of diverticular disease, hernias and peritoneal adhesions[1,5]. When reviewing the published cases, a high incidence is also observed in elderly patients (85% over 70 years of age).

Most of the colonic perforations require surgery. In hemodynamically stable patients, with contained perforations and high surgical risk, conservative treatment with antibiotics and endoscopic removal of the prosthesis can be performed[2,5]. In patients with a migrated prosthesis in the colon without associated complications and with the risk factors described, endoscopic removal should be considered to avoid perforation[4].

In conclusion, in patients with a biliary prosthesis who present intestinal perforation, the possibility of a complication due to migration of the prosthesis should be considered.

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Right to privacy and informed consent. The authors have obtained the informed consent of the patients and/or subjects referred to in the article. This document is in the possession of the corresponding author.

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