Peutz-Jeghers Syndrome With Endoscopic Polypectomy for Subacute Biliary Obstruction

Peutz-Jeghers syndrome (PJS) is characterized by mucocutaneous hyperpigmentation and gastrointestinal polyposis, with possible intussusception (1,2). We report an unusual case of subacute biliary obstruction in an 8-year-old girl with PJS. She was diagnosed with PJS at 7 years after presenting with recurrent abdominal pain, biliary hyperpigmentation, family history, and endoscopic polyposis.

Upon referral, she had 2 weeks of worsening abdominal pain. On examination, she was jaundiced with upper abdominal tenderness, but no palpable mass. Laboratory tests revealed total serum bilirubin 78 μmol/L (conjugated 76 μmol/L). Emergent upper endoscopy for obstructive jaundice showed a broad-based, 4 × 3 cm polyp at the second and third portion of duodenum; colonoscopy was normal (Fig. 1). Computed tomography-abdomen showed the large duodenal polyp leading to intussusception, pulling the common bile duct together with the intussusceptum into the duodeno-jejunal junction (Fig. 2).

She underwent endoscopic polypectomy with electrocoagulation, with piecemeal resection of the polyp (Supplementary Figure, Supplemental Digital Content, http://links.lww.com/MPG/B176). Histology revealed hamartomatous changes. She improved clinically, and by 6-month follow-up, jaundice resolved with no endoscopic polyp recurrence. She was lost to further follow-up.

Previous cases of PJS complicated with obstructive jaundice owing to biliary obstruction by polyps were treated surgically (3–5), in contrast to ours treated successfully by endoscopic removal.

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Perforation Due to Ingestion of Multiple Magnet Beads

An 8-year-old otherwise healthy developmentally normal male presented with abdominal pain for 3 days and a history of swallowing 2 or more magnet beads per day. He had a normal stool pattern. Vital signs were normal. Abdomen was soft and non-tender. Radiography revealed more than 30 adherent magnetic beads partly in the stomach and small bowel (Fig. 1). Esophagogastroduodenoscopy revealed gastric perforations with multiple magnets attached to each other within the gastric lumen (Fig. 2A) and none in the small intestine. Most magnets were removed endoscopically. Some gastric magnets were used to attach the jejunal magnets, allowing extraction of some through the gastroenteric fistula. Because not all beads could be retrieved, he was taken to surgery. Pressure necrosis of intervening bowel and stomach between adherent beads had evolved into a gastrojejunal fistula without contamination of the abdomen (Fig. 2B). Following a small jejunal resection and closure of the stomach, the child fully recovered. Ingestion of multiple magnets caused them to attract with forces of up to 1300G, compressing intervening bowel and can lead to subsequent bowel perforation, fistulization, and death (1,2). Education of physicians and improvement in public awareness about the risk of these toys is key to prevent such incidents. Moreover, advocacy with government leaders is crucial for removing or banning these hazardous toys from retail shelves.

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