



1865_B Figure 2. Fish



bone



1865_C Figure 3. Endoscopic clip

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Polyethylene Glycol Electrolyte Solution: Safety Considerations in Atopic Patients

Fernando J. Bonilla, MD, Walisbeth Class, MD, Arelis Cordero, MD, Doris Toro, MD. VA Caribbean Healthcare System, San Juan, Puerto Rico

Anaphylaxis and other serious adverse reactions to polyethylene glycol (PEG) electrolyte solutions are extremely rare, with very few cases reported in the literature. Although PEG solutions used for bowel preparation have a good safety profile, clinicians should be aware that susceptible patients may develop severe allergic reactions, including anaphylaxis. With this case report, we want to alert physicians of this rare but potentially fatal complication of the administration of PEG-containing laxatives.

This is the case of a 72-year-old man with a medical history of chronic obstructive pulmonary disease, asthma, allergic rhinitis, nasal polyps, and allergic reaction to aspirin and penicillin, who presented to the emergency department complaining of shortness of breath and a generalized pruritic rash. His symptoms started 40 minutes after ingesting PEG-containing electrolyte solution for bowel preparation before a scheduled surveillance colonoscopy. He additionally complained of hoarseness, dry cough, and audible wheezes a few hours later. His physical exam was remarkable for tachycardia, tachypnea and hypoxemia. Also, bilateral expiratory wheezes were heard on lung auscultation and an erythematous papular rash located over the chest and both arms was observed. Labs revealed leukocytosis and neutrophilia. Signs and symptoms lead to a diagnosis of anaphylaxis. The patient received albuterol, methylprednisolone, and intravenous diphenhydramine, which resulted in improvement of symptoms.

PEG electrolyte solutions are the most commonly used purgative used for colonoscopy preparation due to its unique characteristics. It is tasteless, highly soluble, osmotically balanced and poorly absorbed high molecular weight (3350 Da) nonionic hydrophilic polymer. Frequently associated adverse reactions are abdominal discomfort, nausea, and vomiting. Allergic reactions manifested as angioedema, bronchospasm, skin rash, urticarial rash and anaphylaxis have been rarely reported. It has been postulated that the absorption of traces of PEG may lead to an allergic reaction in susceptible patients. Our case serves to exemplify the potentially catastrophic side effect of a usually safe and commonly used product. Due to the infrequency of this complication, there is a low index of suspicion, and in turn a delay in medical attention.

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Abdominal Pain After Colonoscopy

Abhijeet Waghray, MD¹, Caroline Jouhourian, MD². 1. Tufts Medical Center, Boston, MA; 2. Steward St. Elizabeth's Medical Center, Boston, MA

Abdominal pain following colonoscopy is most often related to retained air or colonic spasms. We present an uncommon case of acute appendicitis after colonoscopy. A 53 year old female with a history of hypertension and nephrolithiasis presents with right lower quadrant non-radiating abdominal cramping. The patient underwent a screening colonoscopy the day prior with a 6 mm sessile polyp removed from the cecum via cold snare polypectomy. The abdominal pain started 12 hours after the colonoscopy and was associated with nausea and tactile fevers. She denied hematochezia or change in bowel habits. On physical examination, she was febrile (38.8 C) and hemodynamically stable. Abdomen was soft with tenderness to palpation in the right lower quadrant without peritoneal signs. Laboratory values were significant for a white blood cell count 7.0 K/uL (reference range: 4.5-11 K/uL). A computed tomography (CT) of the abdomen revealed trace fluid surrounding a 1.9 cm dilated appendix consistent with acute appendicitis (Figure 1). An appendectomy resulted in resolution of symptoms with diagnosis confirmed on pathology (Figure 2). Appendicitis after colonoscopy is an uncommon occurrence. If electrocautery is used, post-polypectomy electrocoagulation syndrome may present with abdominal pain, fevers and leukocytosis and may be difficult to differentiate from appendicitis (1,2). The etiology of acute appendicitis



1867_A Figure 1. CT scan of the abdomen