

# Peutz-Jeghers 1

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## A Case of Peutz-Jeghers Syndrome Treated with Segmental Resection of Ileum and Intraoperative Enteroscopic Polypectomy

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Peutz-Jeghers syndrome is a rare disease manifested by a combination of mucocutaneous pigmentation and gastrointestinal polyposis. The major morbidity results from intussusception, obstruction, and bleeding. Standard surgical management has been to perform enterotomies at the site of palpable polyps. A method of treating Peutz-Jeghers syndrome surgically with combined intraoperative enteroscopic polypectomy, is herein presented. The patient had multiple small bowel polyps, one of which was very large and required surgical resection. Segmental resection and multiple enterotomies were performed to remove the polyps. During the course of the operation, endoscope (CF-200I, 130 cm) was inserted per enterotomy site and multiple small bowel polyps were removed endoscopically using a snare. The combined surgical and endoscopic approach for the Peutz-Jeghers syndrome was successful. The procedure removes more accurately, the cause of the major morbidity associated with the disease, and may allow the patient a longer interval between laparotomies. (**Korean J Gastrointest Endosc 2000;20:207 – 212**)

**Key Words:** Peutz-Jeghers syndrome, Polypectomy, Intraoperative enteroscopy

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Peutz-Jeghers

Peutz-Jeghers

.12

(hamartoma)

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**Figure 1.** Colonoscopic finding. (A) Pedunculated polyp on transverse colon is seen. (B) Snare is tightened on stalk in correct position. (C) Coagulated tip of stalk shows excellent hemostasis.

가 .

가 . 6

Peutz-Jeghers . 가

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120/70 mmHg, 72 ,

20 , 36.5cC .

342,000/mm3 9.7 g/dL, 10,390/mm3

CEA 1.2 ng/mL

가 (snare)

가

**Figure 2.** Small bowel series. Giant, irregularly lobulated polyp is noted in the jejunum.

가 3 cm .

(sessile polyp) (pedunculated polyp)  
(lobulation)

가 (Fig. 1)

20 (cauterization) (enteroclysis)

가 8 cm

가

(Fig. 2)

**Figure 3.** Finding at operation. Multiple jejunal intussusceptions were noted.

**Figure 5.** Enterotomy and surgical resection of Peutz-Jeghers polyp in jejunum. A lobulated peunculated Peutz-Jeghers polyp was drawn after enterotomy.

**Figure 4.** Resected ileum. A 8×6×2.5 cm sized polyp and two peanut sized polyps are contained in the specimen.

**Figure 6.** Intraoperative enteroscopy. Per enterotomy insertion of endoscopy (Olympus CF 200-I) was aided by surgeon.

(Fig. 3) 80 cm

80 130 cm) (Fig. 4)

(Fig. 5) 10

(Fig. 6). 가 130

cm (Olympus CF-200I)

가 가 10

(Fig. 7).

가 8×

6×2.5 cm

**Figure 7.** Intraoperative enteroscopic polypectomy. (A) Jejunal and ileal lumen was investigated. (B) A 10mm sized jejunal polyp was resected endoscopically by snare.

2 15% 50%  
 (hamartomatous-carcinoma sequence),<sup>36</sup>  
 가  
 (adenoma-carcinoma trans-  
 formation),<sup>7</sup> Peutz-Jeghers  
 , , ,  
 , Peutz-  
 ,  
 가  
 Peutz-Jeghers (lead-  
 ing point)  
 ,  
 가  
 . Bay 10  
 가  
 . Spigelman 11  
 가  
 가  
 . 가 가 38%  
 가 (pseudoinva-  
 sion)  
 가  
 .4 Peutz-Jeghers  
 ,5  
 Peutz-Jeghers 가  
 Peutz-Jeghers .12

1958 Hirschowitz가 (flexible fiberoptic endoscope) 40

가 .11-15

Jeghers .12,13

(enteroscope) 가 .12-15 Peutz-Jeghers

.13

Spigelman 11

Peutz-Jeghers 가

가 Peutz-Jeghers

Peutz-Jeghers 가

가 .9,17

, Peutz-Jeghers

가 , 가 가 Peutz-Jeghers

Peutz- 27 Peutz-Jeghers

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