Small Bowel Adenomas at Index Kock Pouchoscopy after Ileo-anal Pouch Conversion in Familial Adenomatous Polyposis

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A 72-year-old female patient with familial adenomatous polyposis (FAP) presented for Kock pouchoscopy three months after revisional surgery for ileoanal pouch (IAP) failure due to progressive incontinence and recurrent small cuff adenomas. Using a pediatric colonoscope, the distal small bowel was advanced over an estimated 40-cm length above the pouch itself. Several small polypoid lesions up to 4 mm, characterized as low-grade adenomas by image enhanced endoscopy, were detected (Fig. 1, blue laser imaging). The patient underwent a total of six cold snare resections with histopathology confirmative of intraepithelial neoplasia with low-grade dysplasia each. Endoscopic visualization of the body (Fig. 2) and the continence valve on retroflexed view (Fig. 3) illustrated the typical Kock pouch anatomy. The patient was advised to additionally undergo small bowel capsule endoscopy after patency testing.

The continent ileostomy introduced by the Swedish surgeon Nils G Kock (1924-2011) using an intussuscepted ileum

loop to create a nipple valve has largely been abandoned in favour of the IAP as the restorative procedure of choice after proctocolectomy in the 1990s. However, the Kock pouch is currently undergoing a surgical renaissance due to an aging IAP population with relevant rates of pouch failure in the long-term, warranting endoscopists to acquaint themselves with its endoscopic appearance [1].

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REFERENCES

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