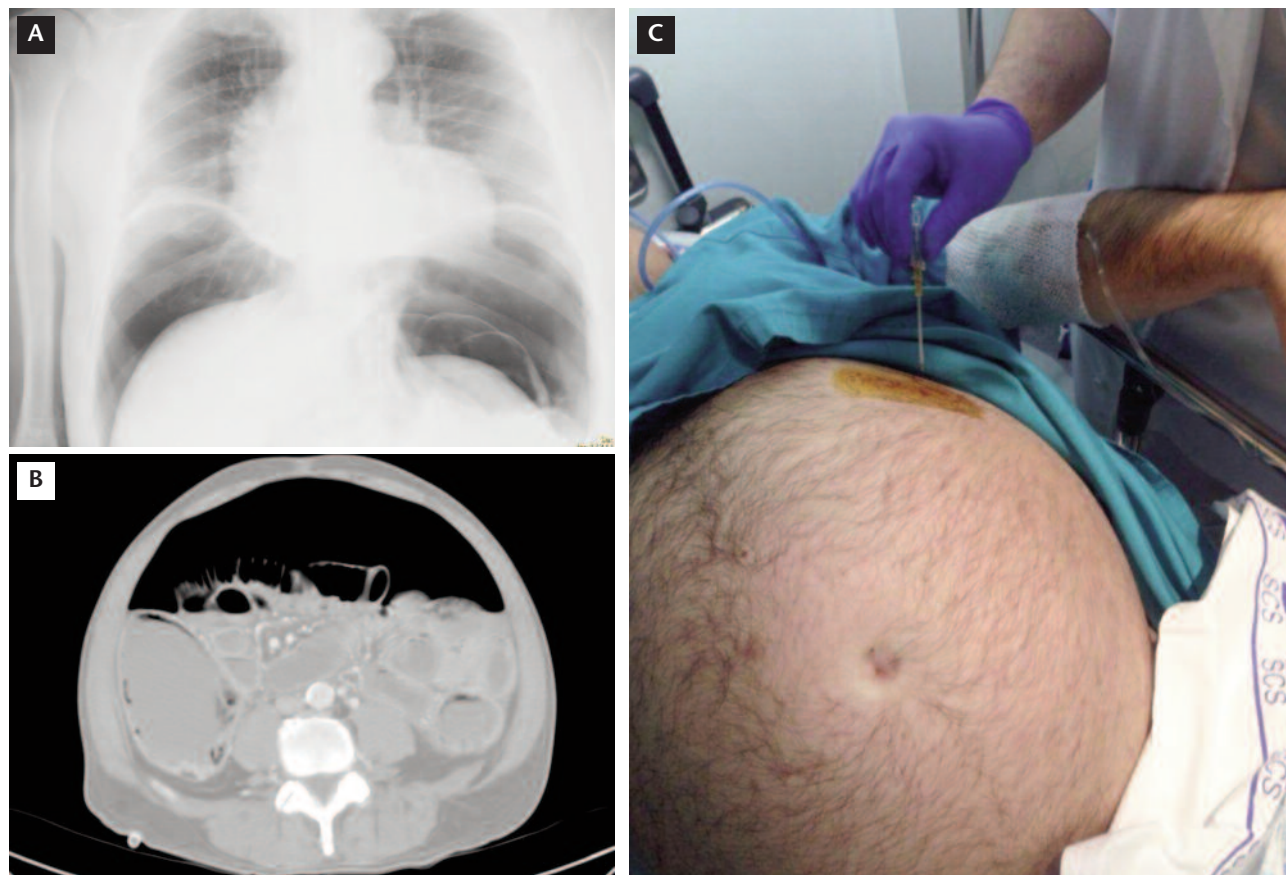


## IMAGES

**Catheter decompression of a tension pneumoperitoneum after colonoscopy*****Descompresión mediante catéter de un neumoperitoneo a tensión tras la realización de una colonoscopia***Héctor Real Noval<sup>1</sup>, Jennifer Fernández Fernández<sup>2</sup>

A 58-year-old man underwent a colonoscopy for the study of a faecal occult blood loss, during which a polyp of 3 mm was removed. Two hours after the procedure, he had abdominal pain and bloating. An x-ray and an abdominal scan were performed, in which a large volume pneumoperitoneum was observed. During the transfer from radiology to the emergency room, he had signs of clinical deterioration with tachycardia of 135 bpm, tachypnoea with 25 rpm, use of accessory musculature

and saturation of oxygen < 80%. We decided to place a catheter (Abbocath®) in the left hypochondrium through which abundant air came out and was accompanied by immediate clinical improvement. Once stabilized, a laparotomy with perforation closure was performed. The patient progressed satisfactorily. Percutaneous drainage of tension pneumoperitoneum may help as a pre-surgery bridging treatment in patients with pneumoperitoneum and hemodynamic repercussion.



**Figure 1.** Chest X-ray (A) and abdominal CT (B) showing pneumoperitoneum. Image of the pneumoperitoneum puncture (C).

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