Complication after Pre-Operative India Ink Tattooing in a Colonic Lesion

S. Singh\textsuperscript{a} A. Arif\textsuperscript{b} C. Fox\textsuperscript{c} P. Basnyat\textsuperscript{c}

\textsuperscript{a}St. George’s Hospital, \textsuperscript{b}Charing Cross Hospital, London, and \textsuperscript{c}William Harvey Hospital, Ashford, UK

Non-palpable and discreet lesions of the colon can be difficult to locate intra-operatively. To facilitate the localization of these lesions at laparotomy, the colonic lesion can be endoscopically tattooed by injecting dye through a flexible needle into the wall of the colon [1]. The pre-operative marking with India ink is widely considered to be a safe and effective method [2, 3].

We present a case with a rare clinical complication following pre-operative colonic tattooing of a lesion.

This 64-year-old male patient had a colonic polyp with a recto sigmoid tumour. He was tattooed pre-operatively at the colonoscopy clinic and subsequently developed mild fever with abdominal pain, which failed to resolve. He was then taken to operation theatre.

On laparotomy we found two tattoos of India ink, one at the colonic lesion and one in the small intestine (fig. 1). Analyzing retrospectively, we realized that the needle perforated the colon and marked the small intestine. His episode of fever with abdominal pain was in fact mild focal peritonitis.

The operation was completed successfully and the post-operative recovery was uneventful.

The reports of clinical complications in the literature are rare and vague. As far as we are aware this is one of the first case reports about the accidental marking of the small intestine and that should alert the surgeon of its possibility when the patient feels unwell after endoscopic tattooing of the colonic lesion.

References

