

# “Cat Scratch” Colon in a Female Patient After a Difficult Screening Colonoscopy

Stephen D. Humm, MD, and Francis A. Farraye, MD, MSc

Section of Gastroenterology, Boston Medical Center, Boston, Massachusetts



**Figure 1.** Figure 1A shows cecal findings from an asymptomatic 59-year-old woman who presented for an initial screening colonoscopy. The remainder of the colonic mucosa was normal. Cecal intubation was achieved in 9 minutes and required repeated loop reduction and abdominal pressure. This image depicts the linear hemorrhagic mucosa found in patients with barotrauma, or “cat scratch” colon. Figure 1B is a second image of the parallel, linear, hemorrhagic lesions classically associated with barotrauma. These lesions result from overdistention of the colon due to excessive insufflation during colonoscopy. Although the cecum has a high degree of compliance, injury and even perforation can result if the intraluminal pressure is significantly increased. This increase generally occurs if the rate of insufflation exceeds the rate of air passage, particularly in the setting of a competent ileocecal valve. Although perforation is the most dreaded complication from overdistention during colonoscopy, it is quite rare; minor injury from barotrauma is encountered more frequently. It is important not to misinterpret these findings as angioectasias or arteriovenous malformations, which tend to be less numerous and radiate from a central point. This patient was asymptomatic, and no further intervention was required, as is usually the case in patients with the endoscopic finding of “cat scratch” colon.

Address correspondence to: Dr. Francis A. Farraye, Section of Gastroenterology, Boston Medical Center, 85 E. Concord Street, Suite 7720, Boston, MA 02118; Tel: 617-638-6116; Fax: 617-638-6529; E-mail: francis.farraye@bmc.org