Clinical Case Reports

CLINICAL IMAGE

Open Access

Snapshot quiz – "Tattoo of Scheepers"

Anne Loes van den Boom, Erlinde de Graaf & Joris J. G. Scheepers

Department of Surgery, Reinier de Graaf Groep, Delft, The Netherlands

Correspondence

A. L. van den Boom, Department of Surgery, Reinier de Graaf Groep, Reinier de Graafweg 3-11, Delft 2625AD, The Netherlands. Tel: +31 15 260 4044; Fax: +31 15 260 3599; E-mail: a.vandenboom@rdgg.nl

Funding Information

No sources of funding were declared for this study.

Received: 14 September 2014; Revised: 18 December 2014; Accepted: 20 February 2015

Clinical Case Reports 2015; 3(7): 679-680

doi: 10.1002/ccr3.274

Question: What is the marker (dark spot) seen on the small intestine?

Legend: When performing a pancreaticoduodenectomy or pylorus-preserving pancreaticoduodenectomy enteric anastomosis must be performed (Fig. 1). In our hospital, descending part of the gastrojejunostomy or duodenojejunostomy is marked by ink ("afferent loop tattoo" [known as "Tattoo of Scheepers" in our institution]) (Figs. 2 and 3). Approximately 25% of the patients need a postoperative endoscopic intervention, for example, to place a feeding tube when not placed intraoperatively or



Figure 1. Enteric anastomosis.

Key Clinical Message

An ink marker at the descending part of the gastrojejunostomy or duodenojejunostomy after a pancreaticoduodenectomy or pylorus-preserving pancreaticoduodenectomy prevents a misplacing of a postoperative endoscopic intervention.

Keywords

Endoscopic intervention, enteric anastomosis, ink marker, pancreas surgery.



Figure 2. Ink marker intraoperative.

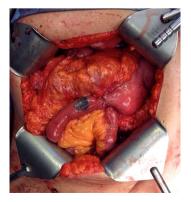


Figure 3. Afferent loop tattoo.

© 2015 The Authors. Clinical Case Reports published by John Wiley & Sons Ltd.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

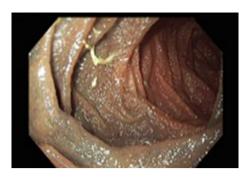


Figure 4. Tattoo during endoscopic intervention.

when the feeding tube is displaced postoperatively (Fig. 4). In 40% patients, there was uncertainty about the right placement or even misplacement. This ink marker prevents a misplacing in the ascending part of these anastomoses.

Conflict of Interest

None declared.