**Conclusion** Although there are many surgical options available for management of CVF, only a few case reports exist regarding non-surgical management of CVF. We recommend that combined endoscopic management of CVF should be considered in patients who are too frail for surgery or have multiple co-morbidities.

**INTRODUCTION**

A 22 year old man with PWS was admitted with a one day history of severe abdominal pain associated with distention and nausea but no vomiting. He was opening his bowels and passing wind. He had a history of anxiety and had been living in a residential home for three years where his meals were regulated. On examination, he was not obese (BMI 20 kg/m^2) and had a distended, tender abdomen. Routine blood tests (FBC, U+E) were normal. Initial abdominal x-ray showed a very distended stomach containing food material. An abdominal CT scan confirmed these findings and worryingly the report mentioned imminent danger of perforation. The surgeons reviewed the patient and referred him for possible endotherapy prior to considering surgery.

**METHODS**

Hence, a gastroscopy was performed under conscious sedation and worryingly the report mentioned imminent danger of perforation. The surgeons reviewed the patient and referred him for possible endotherapy prior to considering surgery. A repeat gastroscopy on day seven demonstrated full closure of the duodenal bulb site could be observed. Two OTSC clips were applied successfully to close the defect.

**RESULTS**

Following OTSC clip deployment the patient was kept nil by mouth. Seventy-two hours post endotherapy an interval CT identified a reduced volume of pneumoperitoneum with no extraluminal leakage of contrast confirming successful closure. The patient was then allowed to eat and drink normally.

**CONCLUSIONS**

Surgical repair remains the gold standard treatment for the repair of a spontaneous enteral perforation. Candidacy for surgical repair does however require candidacy for general anaesthesia which is often not the case amongst our increasingly aging and comorbid population. This is one of a handful of cases worldwide and indeed the first ever reported case in the UK of a spontaneous duodenal perforation using over-the-scope clips in a patient unfit for surgery.