

Endoscopic ultrasound-guided drainage of pelvic abscess: A case series of 8 patients

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Endoscopic ultrasound (EUS) has proven to be safe and effective in the management of deep pelvic abscess that are inaccessible for percutaneous drainage. EUS-guided drainage could be performed in eight consecutive patients with pelvic abscess that were not amenable to drainage under computed tomography (CT) guidance. These patients developed the abscesses secondary to diverticulitis (n=4), postsurgical surgical complications (n=2), iatrogenic perforated sigmoid (n=1) and Crohn's disease (n=1). The abscess was peri-sigmoidal in 2 and was multilocular in 4 patients. All procedures were performed under conscious sedation and without fluoroscopic monitoring. Abscesses were all drained under EUS guidance via a transrectal or trans-sigmoidal approach. Fluid samples were successfully retrieved for microbiological studies in all cases and antibiotic policy was adjusted according to culture results in 5 patients. EUS-guided placement of one or two 7 Fr pigtail stents was technically successful and uneventful in all 8 patients (100%). Follow-up CT showed complete recovery and disappearance of abscess. The stents were retrieved by sigmoidoscopy in only two patients and had spontaneously migrated to outside in six patients. All drainage procedures resulted in a favorable clinical outcome. All patients became afebrile within 24 hours after drainage and the mean duration of the post-procedure hospital stay was 8 days (range 4-14). Within a median follow up period of 38 months (range 12-52) no recurrence was reported. EUS-guided drainage of pelvic abscesses without fluoroscopic monitoring is a minimally

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