Endoscopic ultrasound-guided transrectal pelvic abscess drainage using a lumen-apposing metal stent

A 31-year-old woman with asthma presented with 1 week of lower abdominal pain and fevers after a recent emergency room discharge for appendicitis that had been managed conservatively with antibiotics. Upon presentation, she underwent a computed tomography (CT) scan of the abdomen and pelvis, which revealed a multiloculated pelvic abscess measuring approximately 7.3 × 4.7 × 7.0 cm (Fig. 1). The collection was thought to be unamenable to drainage by interventional radiology. The patient underwent a lower gastrointestinal endoscopic ultrasound (EUS), which identified the pelvic abscess from the rectosigmoid colon. After color flow Doppler had been used to ensure there was no intervening vasculature, a cautery-enhanced delivery system was used to deploy a 10-mm lumen-apposing metal stent (LAMS; Axios; Boston Scientific, Marlborough, Massachusetts, USA) into the collection, with the distal flange in the collection and the proximal end in the sigmoid colon. This process was visualized under fluoroscopic, endosono-graphic, and endoscopic guidance. Cephus amounts of purulent material were seen draining from the stent. The stent was then dilated and two double-pigtail plastic stents (10 Fr × 7 cm) were deployed into the metal stent to prevent migration (Video 1).

The patient was discharged on hospital day 4 after an uncomplicated post-operative course. A repeat CT scan of the abdomen and pelvis was performed nearly 3 weeks later and revealed resolution of the multiloculated pelvic abscess; the LAMS was endoscopically removed a few days later. The patient was subsequently seen in follow-up and has continued to remain asymptomatic.

The use of LAMSs has revolutionized EUS as it creates a large conduit for drainage, as well as for passage of both the endoscope and a variety of endoscopic accessories [1]. While surgical resection has been the main approach to drainage of intra-abdominal and pelvic collections, EUS can be a useful modality to aid in the diagnosis and for therapeutic drainage of pelvic collections [2–5].

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Competing interests

Reem Z. Sharaiha is a consultant for Boston Scientific and Apollo Endosurgery.

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