A 70-year-old man who had previously undergone distal gastrectomy with Billroth-II reconstruction visited our hospital complaining of a repetitive fever. Contrast-enhanced computed tomography (CT) revealed a 25-mm liver abscess in the right anterior segment, communicating with the anterior hepatic duct, which was dilated due to stenosis at the anomalous confluence with the middle of the cystic duct; this obstruction was believed to be the cause of the fever (▶ Fig. 1). Conservative treatment with antimicrobial agents was not sufficiently effective. After obtaining written informed consent from the patient, endoscopic ultrasound (EUS)-guided biliary drainage was performed to resolve the structural problem (▶ Fig. 2, Video 1) after considering other interventions, including transpapillary stenting through the narrow, winding cystic duct and highly stenotic confluence.

Using a forward-viewing echoendoscope (TFU-260J; Olympus Co., Tokyo, Japan) inserted into the blind end of the duodenum, the dilated anterior hepatic duct was punctured using a 19-gauge needle (Expect; Boston Scientific Japan K. K., Tokyo, Japan) under EUS guidance. After dilation of the punctured tract using a 7-Fr bougie catheter, a 4-mm balloon catheter, and a 6-Fr cautery dilator, a fully covered metallic stent (Bonastent, M-Intraductal, 10 mm × 7 cm; Medico’s Hirata Inc., Tokyo, Japan) was deployed at the puncture site. No procedure-related adverse events were observed.

CT showed diminution of the drained duct with air influx 7 days after the procedure (▶ Fig. 3), and disappearance of the abscess 3 months later (▶ Fig. 4). No symptoms indicating recurrence were experienced in the subsequent 10 months.

Previous reports have described the use of the EUS-guided biliary drainage technique for hepatic abscess drainage performed using a forward-viewing scope in patients with surgically altered anatomies [1–3]. The present case was the first application of these techniques for a patient with both challenging conditions and with reasons that made other treatment options difficult.
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Competing interests
None

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