Infected esophageal subepithelial hematoma after peroral endoscopic myotomy for achalasia successfully treated with double-pigtail stent drainage

Peroral endoscopic myotomy (POEM) has proven similarly effective to and less invasive than laparoscopic Heller myotomy and become the preferred option for the treatment of esophageal achalasia [1]. Few post-operative adverse events have been reported, among them a very low incidence of delayed bleeding causing a submucosal hematoma that could be treated with conservative management [2, 3].

We report a case of a 47-year-old man who underwent a successful POEM for a type of esophageal achalasia. He was readmitted to our center 10 days later for worsening epigastric pain with fever. A CT scan showed a right-side esophageal subepithelial collection (Fig. 1). An infected submucosal hematoma was diagnosed. Despite initial conservative treatment with a broad-spectrum antibiotic and anti-fungal, the patient continued to be septic. After multidisciplinary discussion, we decided to drain the submucosal abscess endoscopically. During the procedure (Video 1), a small ulcerated orifice with discharged pus was seen on the previous POEM tunnel. We cannulated the submucosal space via this orifice with a guidewire and then placed a 7 French double-pigtail stent under endoscopic ultrasound control and fluoroscopic guidance (Fig. 2). A significant clinical and biological improvement was achieved, and the patient was discharged home the next day with an oral antibiotic. A 10-day follow-up CT scan revealed complete resolution of the collection with the stent in place, which was planned for removal in 1 month (Fig. 3).

Even though a post-POEM submucosal hematoma is rare and can resolve spontaneously, infection can occur and might require additional management. The feasibility and efficacy of endoscopic transmural drainage of an intra-abdominal collection was already well established [4]. It was also demonstrated to be feasible for a gastric wall abscess after endoscopic submucosal dissection [5]. We believe that this is the first case of an infected hematoma post-POEM for which a short procedure of endoscopic drainage was also very effective.
Competing interests

The authors declare that they have no conflict of interest.

The authors

Borathchakra Oung1,2, Florian Rostain1, Jérôme Rivory1, André Boibieux3, Armelle Schoch1, François Mion4, Mathieu Pioche1
1 Department of Endoscopy and Gastroenterology, Pavillon L, Edouard Herriot Hospital, Lyon, France
2 Cambodian Association of Gastrointestinal Endoscopy (CAGE), Cambodia
3 Infectious Diseases Unit, Edouard Herriot Hospital, Lyon, France
4 Digestive Physiology Department, Université de Lyon, Lyon, France

Corresponding author

Dr. Mathieu Pioche
Endoscopy Unit, Digestive Disease Department, Pavillon L, Edouard Herriot Hospital, 69437 Lyon CEDEX, France
Fax: +33 4 72 11 01 46
mathieu.pioche@chu-lyon.fr

References


Bibliography

DOI https://doi.org/10.1055/a-1085-2579
Published online: 2020
Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Fig. 2 Endoscopic drainage procedure. a Small ulcerated orifice on the previous POEM tunnel. b Insertion of 7 French double-pigtail stent. c Guidewire placement in the tunnel via the orifice. d Placement of 7 French double-pigtail stent under fluoroscopic guidance.

Fig. 3 10-day follow-up CT scan showed complete resolution of the collection with the stent in place.

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos