

Endoscopic ultrasound-guided drainage of a pelvic abscess via a J-pouch

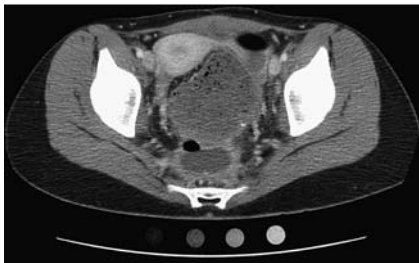


Fig. 1 Computed tomography (CT) of the pelvis, revealing a 5 × 3-cm pelvic abscess in a patient with J-pouch anatomy.



Fig. 2 Endoscopic ultrasound (EUS) image: the abscess cavity was punctured using a 19-gauge fine needle aspiration needle via the J-pouch under EUS guidance.

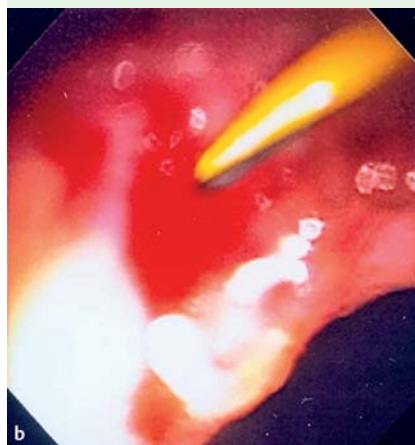


Fig. 3 **a** A 0.035-inch guidewire coiled within the abscess cavity under fluoroscopic guidance to facilitate sequential dilation. **b** Endoscopic view of the guidewire passed into the abscess cavity via the J-pouch.

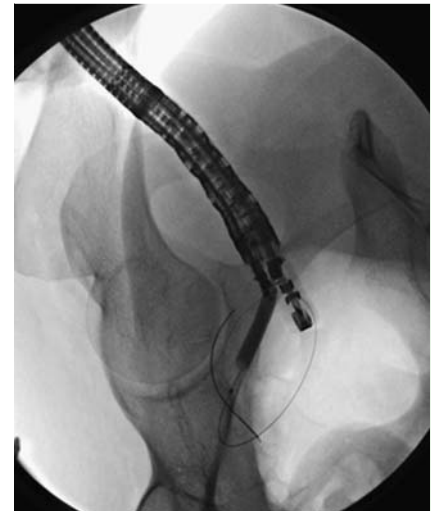


Fig. 4 Dilation of the transmural tract using a 6-mm over-the-wire balloon.

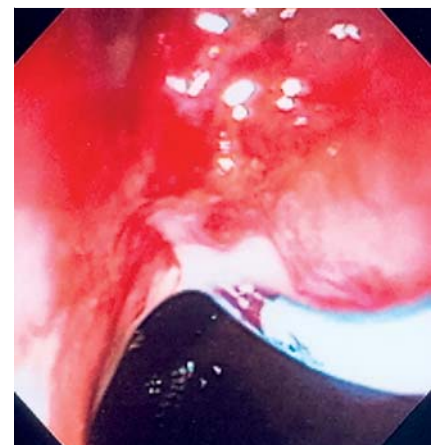


Fig. 5 Placement of a double pigtail stent into the abscess cavity via the J-pouch.

While prior reports have demonstrated the usefulness of endoscopic ultrasound (EUS) for transrectal drainage of pelvic abscesses, its utility for performing drainage via an ileoanal reservoir (J-pouch) has not been reported before.

A 28-year-old patient with a history of total colectomy and a J-pouch for ulcerative colitis presented with persistent fever and rectal pain. Computed tomography (CT) of the pelvis revealed an abscess measuring 5 × 3 cm adjacent to the J-pouch (▶ Fig. 1). EUS-guided drainage of the abscess was requested because of the lack of an adequate window for percutaneous drainage. At EUS, the pelvic abscess was punctured (▶ Fig. 2) using a 19-gauge needle (Expect; Boston Scientific, Natick, Massachusetts, USA), and a 0.035-inch guidewire was then coiled into the abscess (▶ Fig. 3) under fluoroscopic guidance. The transmural tract was sequentially

dilated using a 5-Fr endoscopic retrograde cholangiopancreatography cannula and a 6-mm balloon dilator (▶ Fig. 4). A 7-Fr double pigtail stent was then deployed into the abscess cavity (▶ Fig. 5).

Postprocedure, the patient was afebrile and had no rectal pain. Follow-up CT revealed complete resolution of the abscess, and so the transrectal stent was retrieved by sigmoidoscopy.

Fitting a J-pouch, sometimes referred to as ileoanal reservoir, involves colectomy with mucosal proctectomy and the creation of an ileal reservoir which is anastomosed to the anal canal [1]. In a meta-analysis, 9.5% of patients with a J-pouch developed pelvic abscess from anastomotic dehiscence [2]. Initial management often includes percutaneous drainage; a persist-

ent abscess may require surgery [3]. In a prior study by myself and a co-author, we have shown that EUS is a minimally invasive alternative for drainage of pelvic abscesses [4]. However, patients with a J-pouch were excluded because of concerns of perforation in a surgically constructed anatomy. Given the inability to treat the pelvic abscess by percutaneous means, we attempted drainage via the J-pouch in this patient, with good clinical outcomes.

Endoscopy_UCTN_Code_TTT_1AS_2AZ

Competing interests: None

S. Varadarajulu

University of Alabama at Birmingham
School of Medicine, Birmingham, Alabama,
USA

References

- 1 Broder JC, Tkacz JN, Anderson SW *et al.* Ileal-pouch-anal anastomosis surgery: imaging and intervention for post-operative complications. *Radio Graphics* 2010; 30: 221–233
- 2 Hueting WE, Buskens E, van der Tweel I *et al.* Results and complications after ileal pouch

anal anastomosis: a meta-analysis of 43 observational studies comprising 9,317 patients. *Dig Surg* 2005; 22: 69–79

- 3 Farouk R, Dozois RR, Pemberton JH *et al.* Incidence and subsequent impact of pelvic abscess after ileal pouch-anal anastomosis for chronic ulcerative colitis. *Dis Colon Rectum* 1998; 41: 1239–1243
- 4 Varadarajulu S, Drelichman ER. Effectiveness of EUS in drainage of pelvic abscesses in 25 consecutive patients (with video). *Gastrointest Endosc* 2009; 70: 1121–1127

Bibliography

DOI 10.1055/s-0030-1256946

Endoscopy 2012; 44: E92–E93

© Georg Thieme Verlag KG Stuttgart · New York ·
ISSN 0013-726X

Corresponding author

S. Varadarajulu, MD

Basil I. Hirschowitz Endoscopic
Center of Excellence
University of Alabama at Birmingham
School of Medicine
JT 664, 1530 3rd Avenue South
Birmingham
Alabama 35294
USA
Fax: +1-205-975-6381
svaradarajulu@yahoo.com