Endoscopic vacuum-assisted therapy of infected pancreatic pseudocyst using a coated sponge

Endoscopic vacuum-assisted therapy (EVAT) is a reliable treatment for endoscopically accessible abscesses and was recently described in the management of infected pancreatic pseudocyst (IPC) [1–4].

EVAT when performed in the region of the celiac trunk and portal venous system has, in theory, a higher risk of bleeding than when performed in other regions of the body. We treated a woman who had sepsis due to an IPC, chronic pancreatitis, and pronounced gastric varices by EVAT, but with a coated sponge.

The treatment was generally performed as previously described [4]. After 1 week of endoscopic therapy the cyst was free of necrosis and we started EVAT. We adjusted the size of the sponge according to the local topography and wrapped the Endo-SPONGE (B. Braun, Melsungen, Germany) in one layer of Suprasorb CNP Drainage Film (Lohmann & Rauscher, Vienna, Austria), a double-layered film for vacuum therapy of wounds (Fig. 1 and Fig. 2) [5]. This set is not commercially available. Secretions were continuously evacuated with a suction of 120 mm Hg (16 kPa). We replaced the coated Endo-SPONGE system on the third day and finished EVAT on the seventh day.

The extraction of the wrapped Endo-SPONGE system was, compared with the extraction of a pure sponge, easier, with less pulling force (Fig. 3). The transgastric access into the cyst was also smoother and less bloody (Fig. 4). On the seventh day of EVAT the pseudocyst was resolved. Finally we closed the gastrocystic fistula with metallic clips and one Endoloop (Olympus, Tokyo, Japan) (Fig. 5). No complications occurred during therapy and within 6 months after therapy. The treatment of IPC was completed during a single hospital stay.

In our opinion the coated sponge is an improvement in EVAT of infected pancreatic pseudocyst, because it simplifies the extraction of the Endo-SPONGE system and reduces the bleeding risk.

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Competing interests: None

Fig. 1 a Endo-SPONGE adjusted to a size of 35 mm in length and 14 mm in diameter. Beneath the Endo-SPONGE lies Suprasorb CNP Drainage Film. b Suprasorb Drainage Film wrapped around the Endo-SPONGE and fixed by sutures. A guide wire is inside the suction tube.

Fig. 2 Endoscopic image of the coated Endo-SPONGE localized in the gastrocystic fistula.

Fig. 3 Image of the extracted Endo-SPONGE wrapped in one layer of Suprasorb CNP Drainage Film.

Fig. 4 Endoscopic view of the gastrocystic fistula on the seventh day of EVAT with coated sponge.

Fig. 5 Endoscopic view of the gastrocystic fistula closed by metallic clips and one Endoloop on the seventh day of EVAT.
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References

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