Transrectal endoscopic ultrasound-guided drainage of pelvic abscess with placement of a fully covered self-expandable metal stent

Pelvic abscess developed in an 88-year-old woman (Case 1) following a Hartmann’s procedure for a perforated diverticulum and in a 78-year-old woman (Case 2) after diverticulitis (Fig. 1). Conservative management was unsuccessful in the first patient due to advanced age and in the second patient due to severe co-morbidities.

Both patients underwent transrectal endoscopic ultrasound (EUS)-guided drainage of the pelvic abscess using the same technique, with placement of a transmural fully covered self-expandable metal stent (SEMS) (Video 1). Briefly, a 19-gauge needle was introduced into the collection using a linear echoendoscope. A 0.035-inch wire was then positioned in the cavity and a pre-cut needle-knife was used to create a fistula. A 10 × 40 mm fully covered SEMS (WallFlex; Microvasive Endoscopy, Boston Scientific Corp., Natick, Massachusetts, USA) was then placed over the guide wire.

After the procedure, the patients improved substantially and were discharged home after 5 and 6 days, respectively. In both patients, computed tomography (CT) of the pelvis 2 weeks later showed resolution of the abscess (Fig. 2). The fully covered SEMSs were then removed by rectoscopy a week later.

A follow-up CT 1 month later revealed complete resolution of the abscess in both patients without recurrence (Fig. 3). Recently, EUS-guided drainage has been proposed as a minimally invasive alternative for the drainage of pelvic abscesses [1–3]. Taking into account the available published data, a drainage catheter and one or two plastic stents for each lesion seem to be the best endoscopic approach [1–3]. Fully covered SEMSs have also recently been adopted for the drainage of infected pancreatic fluid collections with good results [4].

To the best of our knowledge, these are the first two cases of a fully covered SEMS used for transrectal EUS-guided drainage of pelvic abscesses. We think that the use of these stents can give good results for the drainage of pelvic abscesses.

Competing interests: None
Fig. 2 Computed tomography 2 weeks after drainage, showing resolution of the abscess with transrectal stents visible within the abscess cavity and rectum.  

a Case 1.  

b Case 2.

Fig. 3  Computed tomography 1 month after stent removal showing resolution without recurrence of the pelvic abscess. 

a Case 1.  

b Case 2.

References


Bibliography

DOI  http://dx.doi.org/10.1055/s-0032-1326250

Endoscopy 2013; 45: E245–E246

© Georg Thieme Verlag KG

Stuttgart · New York

ISSN 0013-726X

Corresponding author

C. Fabbri, MD

Unit of Gastroenterology and Digestive Endoscopy

AUSL Bologna

Bellaria Hospital

Via Altura

40139 Bologna

Italy

Fax: +39-051-6225247

carlo.fabbri@ausl.bologna.it