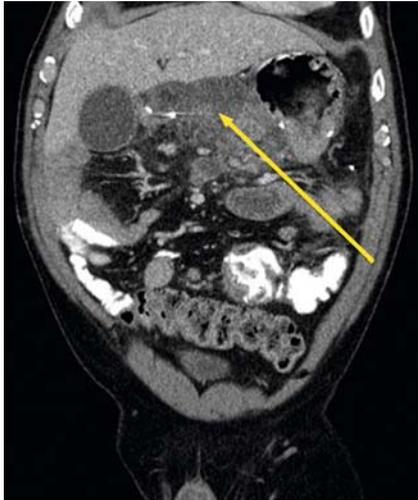


Endoscopic drainage of an infected post-surgical abdominal fluid collection using a lumen-apposing metal stent



► **Fig. 1** A computed tomography scan showed a 7.4 cm post-surgical abdominal fluid collection (arrow), just medial to the gastrojejunostomy anastomosis, which extended into the porta hepatis.

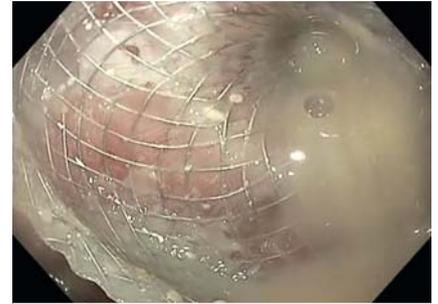


► **Fig. 4** A computed tomography scan showed resolution of the post-surgical abdominal fluid collection.

A 63-year-old man with a history of non-small cell lung cancer in remission following left upper lobe lobectomy was found to have a 5 cm mass along the inferior aspect of the stomach that had enlarged from a previous computed tomography



► **Fig. 2** Endoscopic ultrasound image of the infected post-surgical abdominal fluid collection (arrow).



► **Fig. 3** A lumen-apposing metal stent placed into the post-surgical abdominal fluid collection resulted in the drainage of frank pus.



► **Video 1** Placement of a lumen-apposing metal stent to drain an infected post-surgical abdominal fluid collection.

(CT) scan. He underwent a Billroth II gastrectomy with resection of the mass, which was consistent with a metastasis of the primary tumor. Three weeks after abdominal surgery, he developed new-onset abdominal pain and fever to 102 degrees Fahrenheit. A CT scan showed a new 7.4 cm post-surgical abdominal fluid collection (AFC), just medial to the gastrojejunostomy anastomosis, which extended into the porta hepatis (► **Fig. 1**). The fluid was of higher density than simple fluid and was thought to be infected.

The interventional radiology service was consulted for drainage of the infected post-surgical AFC but the window for drainage was not optimal, as the potential drainage paths had intervening bowel or liver. Therefore, our service was consulted for endoscopic ultrasound (EUS)-guided drainage.

Under linear echoendoscopic guidance, the fluid collection was visualized adjacent to the gastrojejunostomy anastomosis, the pancreas, and the liver (► **Fig. 2**). A 15 × 10 mm lumen-apposing

metal stent (LAMS; AXIOS; Boston Scientific, Marlborough, Massachusetts, USA) was placed, under EUS guidance, using an electrocautery-enhanced deliver device (► **Video 1**). Upon placement, frank pus was seen flowing from the stent (► **Fig. 3**). Within 24 hours, the patient's fever and abdominal pain had resolved. A repeat CT scan 4 weeks later showed the collection had resolved (► **Fig. 4**). The stent was removed at 5 weeks after the initial placement. Although EUS-guided drainage of post-surgical AFCs has been described using plastic stents [1,2], no literature exists on the use of LAMSs. This case demonstrates that the use of EUS-guided LAMS placement can be successful to drain these collections.

Endoscopy_UCTN_Code_TTT_1AS_2AG

Competing interests

None

The Authors

Arvind J. Trindade¹, Yonatan J. Hillman¹, John H. Wang², Petros C. Benias¹, Larry S. Miller¹

- 1 Division of Gastroenterology, Long Island Jewish Medical Center, Hofstra Northwell School of Medicine, Northwell Health System, New Hyde Park, New York, United States
- 2 Department of Surgery, Long Island Jewish Medical Center, Hofstra Northwell School of Medicine, Northwell Health System, New Hyde Park, New York, United States

Corresponding author

Arvind J. Trindade, MD

Long Island Jewish Medical Center, Division of Gastroenterology, Hofstra Northwell School of Medicine, Northwell Health System, 270-05 76th Avenue, New Hyde Park, NY 11040, United States
 Fax: +1-718-470-5509
 arvind.trindade@gmail.com

References

- [1] Denzer UW, Sioulas AD, Abdulkarim M et al. Endoscopic ultrasound-guided drainage of abdominal fluid collections after pancreatic surgery: efficacy and long-term follow-up. *Z Gastroenterol* 2016; 54: 1047–1053
- [2] Kwon YM, Gerdes H, Schattner MA et al. Management of peripancreatic fluid collections following partial pancreatectomy: a comparison of percutaneous versus EUS-guided drainage. *Surg Endosc* 2013; 27: 2422–2427

Bibliography

DOI <https://doi.org/10.1055/s-0043-119980>
 Published online: 9.10.2017
Endoscopy 2017; 49: E319–E320
 © Georg Thieme Verlag KG
 Stuttgart · New York
 ISSN 0013-726X

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>