Endoscopic ultrasound-guided transgastric drainage for omental bursa abscess complicating appendicitis with diffuse peritonitis

Surgery is currently the mainstay of treatment for intra-abdominal abscess, although operative mortality is high [1]. Percutaneous drainage is another option but is associated with significant morbidity due to the relatively long route used for catheter placement [1,2]. Endoscopic ultrasound (EUS)-guided drainage is potentially safe and effective for intra-abdominal abscess. We report a case of omental bursa abscess complicating appendicitis with diffuse peritonitis that was successfully and safely drained under EUS guidance.

A 28-year-old woman underwent appendectomy and surgical irrigation drainage of Pouch of Douglas, left subphrenic space, and right iliac fossa for appendicitis with diffuse peritonitis. Postoperatively after 2 weeks, the patient continued to have a high fever with elevated C-reactive protein. Computed tomography revealed a 5-cm omental bursa abscess adjacent to the stomach (Fig. 1). The decision to perform EUS-guided drainage was made to avoid further open surgery. The abscess was visualized with a curvilinear echoendoscope (GF UC 2000P, Olympus Co., Tokyo, Japan) before being punctured with a 19-gauge Echotip Ultra needle (Cook Endoscopy). A 480-cm-long, 0.035-inch guide wire (Cook Endoscopy) was inserted into the abscess before the needle was removed, followed by placement of a 7 Fr naso-abscess Teflon catheter and a 5-cm-long 10 Fr double pigtail Teflon stent (Cook Endoscopy) adjacent to the naso-abscess catheter to enable irrigation (Fig. 3). There were no procedure-related complications. The catheter was removed after 1 week, when purulent material had ceased to drain from the catheter. The stent was removed 4 weeks later when CT showed complete abscess resolution. The patient was asymptomatic without any evidence of abscess recurrence at 2 months follow-up. EUS-guided drainage of omental bursa abscess complicating appendicitis with diffuse peritonitis is safe and effective and could be an alternative therapy to surgery and percutaneous drainage.

Endoscopy_UCTN_Code_TTT_1AS_2AC

H. Imazu1, Y. Kawahara1, S. Koyama1, H. Tajiri2

1 Department of Endoscopy, The Jikei University School of Medicine, Tokyo, Japan
2 Division of Hepatogastroenterology, Department of Internal Medicine, The Jikei University School of Medicine, Tokyo, Japan

References


Bibliography

Endoscopy 2008; 40: E249
© Georg Thieme Verlag KG Stuttgart - New York
ISSN 0013-726X

Corresponding author

H. Imazu, MD
Department of Endoscopy
Jikei University School of Medicine
3-25-8 Nishi-shinbashī
Minato-ku
Tokyo
Japan 105-8461
Fax: +81-3-34594524
himazu21@aol.com

Imazu H et al. EUS-guided transgastric drainage... Endoscopy 2008; 40: E249