Endoscopic ultrasound-guided drainage of a splenic abscess using lumen-apposing metal stent

Splenic abscesses can be a rare complication of pancreatic tail adenocarcinoma [1]. The management of a splenic abscess includes antimicrobial therapy, percutaneous drainage, and surgery [2]. Since its first description in 2006 [3], a few cases of endoscopic ultrasound (EUS)-guided splenic abscess drainage have been reported in the literature [4]. In one case, Nieto et al. used a lumen-apposing metal stent (LAMS) [5].

A 55-year-old man with a history of locally advanced pancreatic tail cancer developed multiple splenic abscesses after 4 months from diagnosis and three chemotherapy cycles. The initial computed tomography (CT) scan showed spontaneous rupture of the major splenic abscess in the epiploon retrocavity (Fig. 1). The patient was referred for EUS evaluation. On EUS imaging, the abscess was visible from the gastric body and appeared as a hypo-anechoic collection (6×8 cm) containing air bubbles with a demarcated wall (Fig. 2). Sonovue injection showed no enhancement within the collection, with hyperemia of the abscess wall. EUS-guided aspiration of purulent fluid was performed using a 19-gauge needle for microbiological tests. The fluoroscopic image after contrast injection through the needle confirmed a well-defined cavity (Fig. 3). In consideration of signs of anaerobic infection, we performed EUS-guided transgastric drainage using a 10×10-mm LAMS over the guidewire (Video 1). A large amount of purulent fluid passed into the gastric cavity after LAMS release. The patient recovered quickly from sepsis, and endoscopic evaluation 12 days later showed clearance of the abscess cavity and the LAMS was removed.

This case demonstrates the efficacy of an EUS-guided intervention in a complex non-conventional setting. In the hands of an expert endoscopist, EUS-guided drainage of a splenic abscess with a LAMS could be considered on a case-by-case basis as an alternative to percutaneous drainage or surgery.
Competing interests

The authors declare that they have no conflict of interest.

The authors

Elia Armellini1, Flavio Metelli1, Maria Grazia Sauta2, Michele Marini3, Fabio Pace3, Gianluigi Patelli4, Giuseppe Nastasi2
1 ASST Bergamo Est, Gastroenterology Department, Seriate, Bergamo, Italy
2 ASST Bergamo Est, Oncology Department, Seriate, Bergamo, Italy
3 ASST Bergamo Est, Surgery Department, Seriate, Bergamo, Italy
4 ASST Bergamo Est, Radiology Department, Seriate, Bergamo, Italy

Corresponding author

Flavio Metelli, MD
ASST Bergamo Est, Gastroenterology Department, Via Paderno, 21, 24068 Seriate, BG, Italy
flaviomet90@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1956-0640
ISSN 0013-726X
published online 2022
© 2022. The Author(s).