A rare case of gastric wall abscess arising after endoscopic ultrasound-guided fine-needle aspiration of solid pancreatic mass

A 55-year-old man was admitted to our hospital because of a 7-month history of upper abdominal pain. The magnetic resonance imaging (MRI) scan showed a solid mass occupying the body and tail of the pancreas (Fig. 1a). To make a more definitive diagnosis, endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) was carried out with a 22-gauge needle (EchoTip Ultra HD; Wilson-Cook Medical Inc., Winston Salem, North Carolina, USA). In total, five passes were completed using a fanning technique. Pathological examination of the collected tissue revealed severe atypical epithelial cells, and adenocarcinoma was suspected (Fig. 1b). Combined with MRI images, we clinically diagnosed pancreatic adenocarcinoma.

One week later, the patient developed increasing upper abdominal pain with high fever. Laboratory examination showed a white blood cell count of 6020 cells/μL and an elevated C-reactive protein (CRP) level of 182.7 mg/dL. Computed tomography (CT) scan revealed a hypoattenuating mass in the posterior stomach wall (Fig. 1c). The patient was diagnosed with a gastric wall abscess that developed after EUS-FNA. Antibiotic therapy with meropenem was started, but after 3 days the response was poor. Therefore, endoscopic drainage was initiated.

A hook knife (KD-620QR HookKnife; Olympus Corp., Tokyo, Japan) was used to make an incision in the mucosa (Fig. 1d, e, Video1). Two days after endoscopic drainage, the abdominal pain and fever disappeared, and the CRP level decreased to normal ranges. A second CT scan on the 10th day after endoscopic therapy showed that the abscess had completely disappeared (Fig. 1f).

The main postoperative complications of EUS-FNA include bleeding, perforation, infection, and acute pancreatitis, with a total morbidity of 1.2% [1]. Infectious complications associated with EUS-FNA of solid lesions are infrequent, with an incidence of 0–0.6% [2, 3]. Abscess of the stomach wall associated with endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) of a solid pancreatic mass.

A hook knife (KD-620QR HookKnife; Olympus Corp., Tokyo, Japan) was used to make an incision in the mucosa (Fig. 1d, e, Video1). Two days after endoscopic drainage, the abdominal pain and fever disappeared, and the CRP level decreased to normal ranges. A second CT scan on the 10th day after endoscopic therapy showed that the abscess had completely disappeared (Fig. 1f).

The main postoperative complications of EUS-FNA include bleeding, perforation, infection, and acute pancreatitis, with a total morbidity of 1.2% [1]. Infectious complications associated with EUS-FNA of solid lesions are infrequent, with an incidence of 0–0.6% [2, 3]. Abscess of the stomach wall associated with endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) of a solid pancreatic mass.
stomach wall arising from EUS-FNA is extremely rare. From our experience, endoscopic incision and drainage seems to be an efficient treatment for such complication.

Competing interests

None

References


Bibliography

DOI https://doi.org/10.1055/s-0043-123818
Published online: 9.4.2018
Endoscopy 2018; 50: E142–E143
© 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

Video 1
Endoscopic treatment of a gastric wall abscess. Sufficient drainage of pus was made by exposing the abscess cavity with a hook knife and pressing a transparent cap against the gastric wall.

The authors

Weiquan Q. Wu1, Jing Du1, Jian-min Yang1, Bin Zhou2, Guo-chun Lou2
1部门 of Gastroenterology, Zhejiang Provincial People’s Hospital, People’s Hospital of Hangzhou Medical College, Hangzhou, China
2Key Laboratory of Nutrition and Metabolism, Institute for Nutritional Sciences, Shanghai Institutes for Biological Sciences, Graduate School of the Chinese Academy of Sciences, Chinese Academy of Sciences, Shanghai, China

Corresponding author

Guo-chun Lou, MD
Department of Gastroenterology, Zhejiang Provincial People’s Hospital, People’s Hospital of Hangzhou Medical College, Hangzhou 310014, China
Fax: +86-571-85131448
louguochun@hmc.edu.cn

Wu Weiquan Q et al. Gastric wall abscess after EUS-FNA of solid pancreatic mass... Endoscopy 2018; 50: E142–E143