Mediastinal Abscess following Sclerotherapy of Oesophageal Varices

A 55-year-old female noninsulin-dependent diabetic suffering from biliary cirrhosis, portal hypertension, and oesophageal varices (third degree) underwent a cycle of endoscopic sclerotherapy with 0.5% Polidocanol for oesophageal varices after a massive hemorrhage. In the fourth session, a second-degree oesophageal varix which could be identified for a length of approximately 10 cm all the way to the ora serrata was successfully sclerosed with 20 ml of 0.5% Polidocanol without significant bleeding. Approximately 30 minutes after the examination, the patient was found to have a temperature of up to 40 °C and complained of dysphagia. The chemical laboratory analysis showed that her C-reactive protein level had increased to 5.5 mg/dl with no leukocytosis. Four blood cultures failed to identify a causative pathogen. The CT image of the thorax showed a homogeneous space-occupying mass measuring approximately 4 cm in diameter, which was located retrocardially immediately over the diaphragm and exhibited a hypodense center with marginally hyperdense edges, causing a displacement of the oesophagus towards the left-hand lateral side without being sharply demarcated from the latter. Despite the absence of air inclusions, a mediastinal abscess was suspected. The result of the differential diagnosis would also have been consistent with a hematoma in the process of formation (Figure **1**). The oesophagogram obtained with a water-soluble contrast medium showed an impression of the oesophageal wall but no extraluminar leakage of contrast medium or fistulation (Figure **2**). Following the administration of a triple combination antibiotic (metronidazol, gentamicin and ceftriaxon), the patient was soon symptom free. The C-reactive protein assay returned to normal within a week; the control CT scan taken after 13 days showed that the paraoesophageal mass had shrunk to a diameter of 2 cm (Figure **3**).

The case described above demonstrates that conservative therapy appears to be indicated even in abscess-forming processes of the mediastinum after endoscopic sclerotherapy for oesophageal varices (1).

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References

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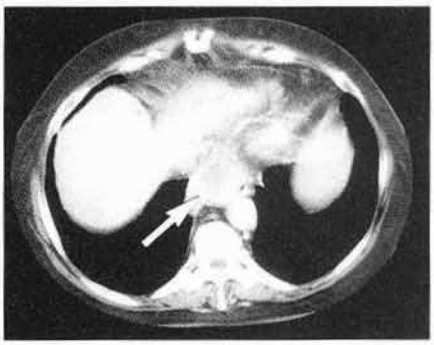

Figure 1: The CT image of the thorax taken on the day after sclerotherapy.

Figure 2: The oesophagus scan with a water-soluble contrast medium before therapy.

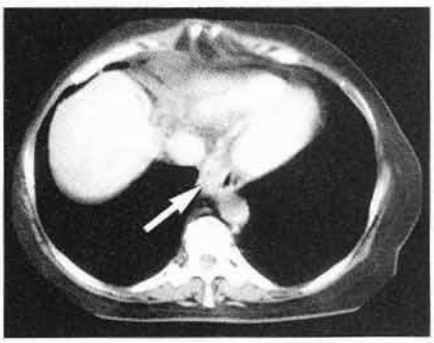

Figure 3: The CT image of the thorax taken thirteen days after sclerotherapy.