Abstract

The new BFMS is technically feasible and recently, endoscopic ultrasound-guided pancreatic duct (EUS-PD) drainage and rendezvous method have been advocated as an alternative for these procedures. To retrospectively evaluate the efficacy and safety of the EUS-PD and rendezvous technique.

Methods:

Until now, 51 patients with acute recurrent pancreatitis due to main pancreatic duct stricture or stenotic pancreatojejunostomy underwent EUS-PD and rendezvous technique.

Results:

Fifty-one patients were included, median age of 60 years. Surgically altered anatomy was observed in 39 cases and normal anatomy in 12. Rendezvous method was performed in 13, EUS-PD in 33, pancreatography only in 5. Technical success rate was rendezvous in 68.4% (13/19), EUS-PD in 97.1% (33/34), 90.1% (46/51) totally. Clinical success was achieved in all technically succeeded cases (100%, 46/46). Stent dislocation during DEN was not observed in any patients, but in one patient, spontaneous stent migration was observed. Two WON patients died from pseudoaneurysm rupture occurring between the endoscopic necrosectomy sessions and from multiple organ failure syndrome and septic shock. Adverse events were seen in 7.8% (4/51), mild pancreatitis in 4.9% (2/41), and pancreatic fistula in 1.9% (1/51).

Conclusions:

The PFCs in the other 15 patients completely resolved. Although hemostasis was achieved by coil embolization, two WON patients died from pseudoaneurysm rupture. EUS-PD using new stent was performed in 17 patients for pancreatic fluid collections (PFCs) have been reported as a useful treatment.

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Endoscopic ultrasound-guided pelvic abscess drainage

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Abstract

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Endoscopic ultrasound (EUS)-guided pelvic abscess drainage though uncommon modality for definite treatment of pelvic abscess is an effective method of treatment for pelvic abscess due to its proximity to rectal wall. We performed drainage of pelvic abscess in a 65-year-old male with uncontrolled diabetes, abscess was measured 78 mm × 77 mm, drainage was performed using two 10 Fr pigtail stents, spontaneous drainage of entire abscess cavity was noted, and the patient was discharged on the same day on oral antibiotics with dramatic improvement in pain, fever, and total leukocyte count. EUS drainage has an advantage of being a day-care procedure; as compared to percutaneous drainage, no discomfort of external catheter and limited mobility are experienced by the patient. Other modalities such as conventional ultrasonography-guided per rectal/vaginal drainage have disadvantage that stent cannot be placed.

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