

Beyond IR: Successful EUS-Guided Management of Retrogastric Abscess

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BACKGROUND

Percutaneous image-guided drainage by interventional radiology (IR) remains the first-line treatment modality for most intra-abdominal abscesses.¹

Percutaneous drainage may be limited by abscess location, complexity, or consistency, with risks of incomplete drainage, catheter issues, and recurrence.

Endoscopic ultrasound (EUS)-guided transmural drainage has emerged as a minimally invasive alternative, enabling precise access to collections adjacent to the gastrointestinal tract while avoiding the morbidity of surgical intervention.²

CASE PRESENTATION

- 72F with stage IIIC uterine adenosarcoma, post-hysterectomy, omentectomy, lymphadenectomy, and chemoradiation.
- Developed colonic ischemia status post right thoracotomy (sarcoma resection) secondary to a low flow state and subsequently underwent loop ileostomy & sigmoid resection.
- Anastomotic leak → abscesses:
 - Retrogastric: 6.9 × 4.1 × 10.5 cm
 - Perisplenic: 10.3 × 2.9 × 6.4 cm
- s/p **EUS-guided transmural drainage** with a lumen-opposing metal stent (LAMS) and double pigtail stents.

IMAGING

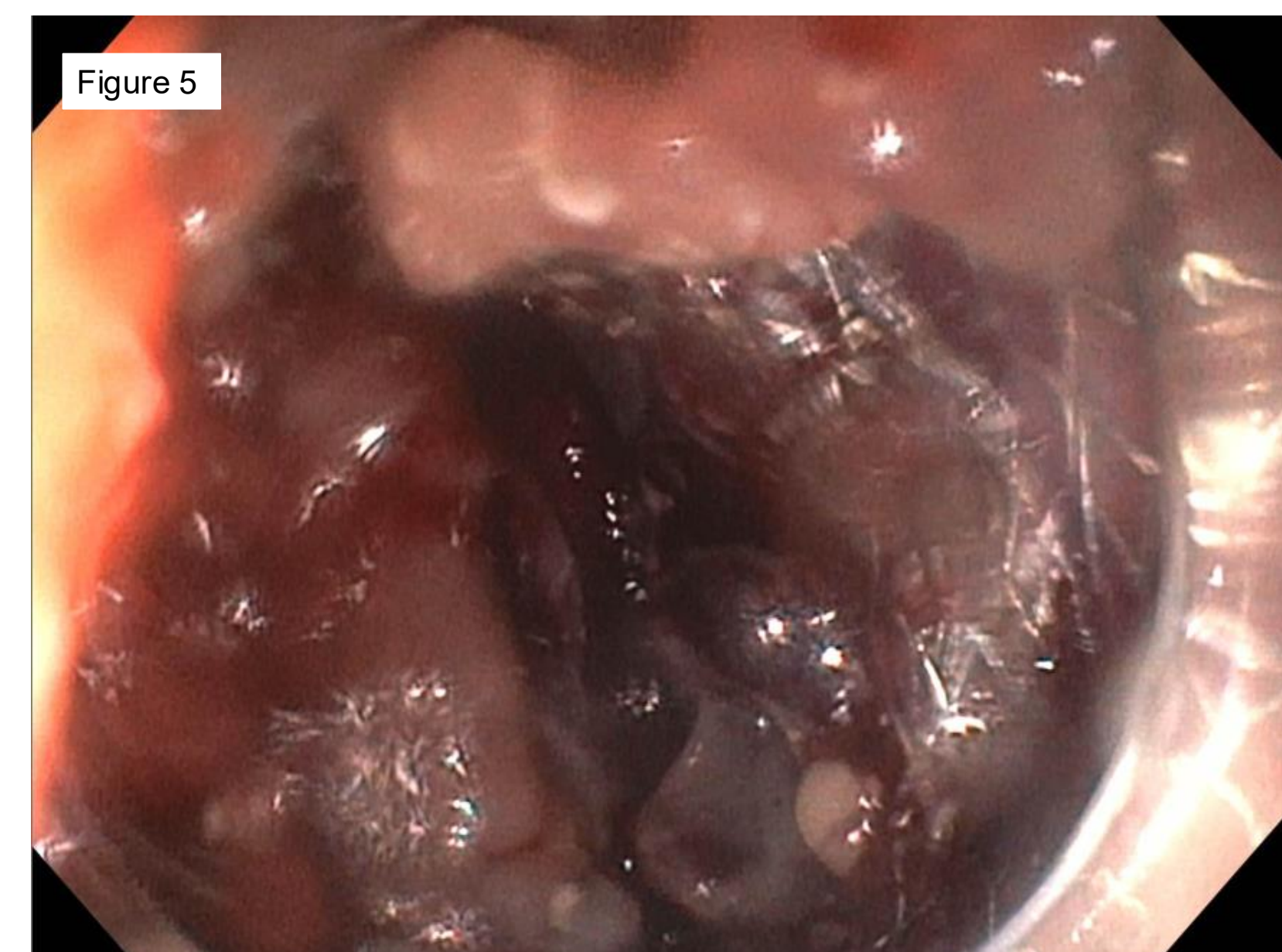
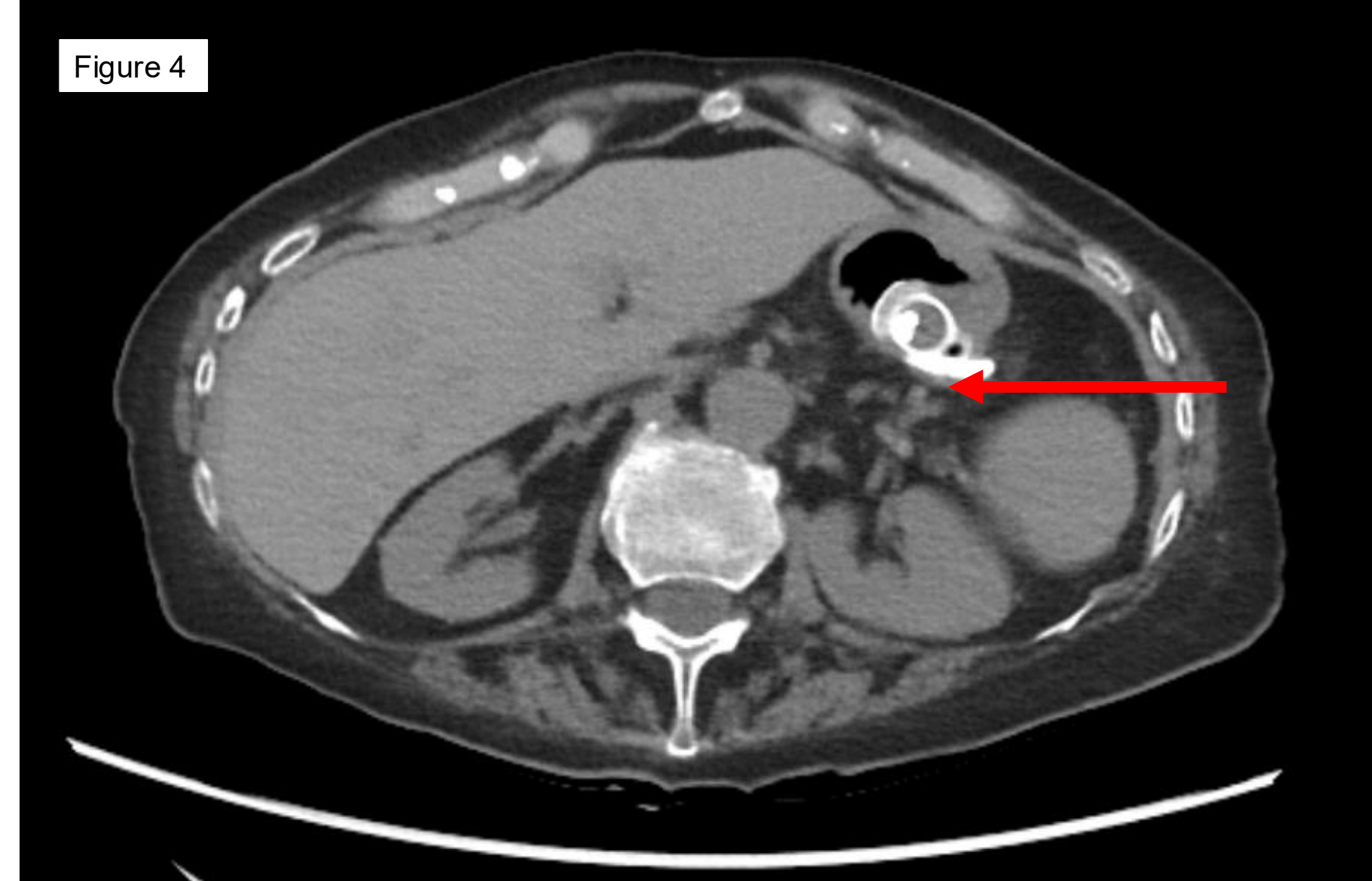
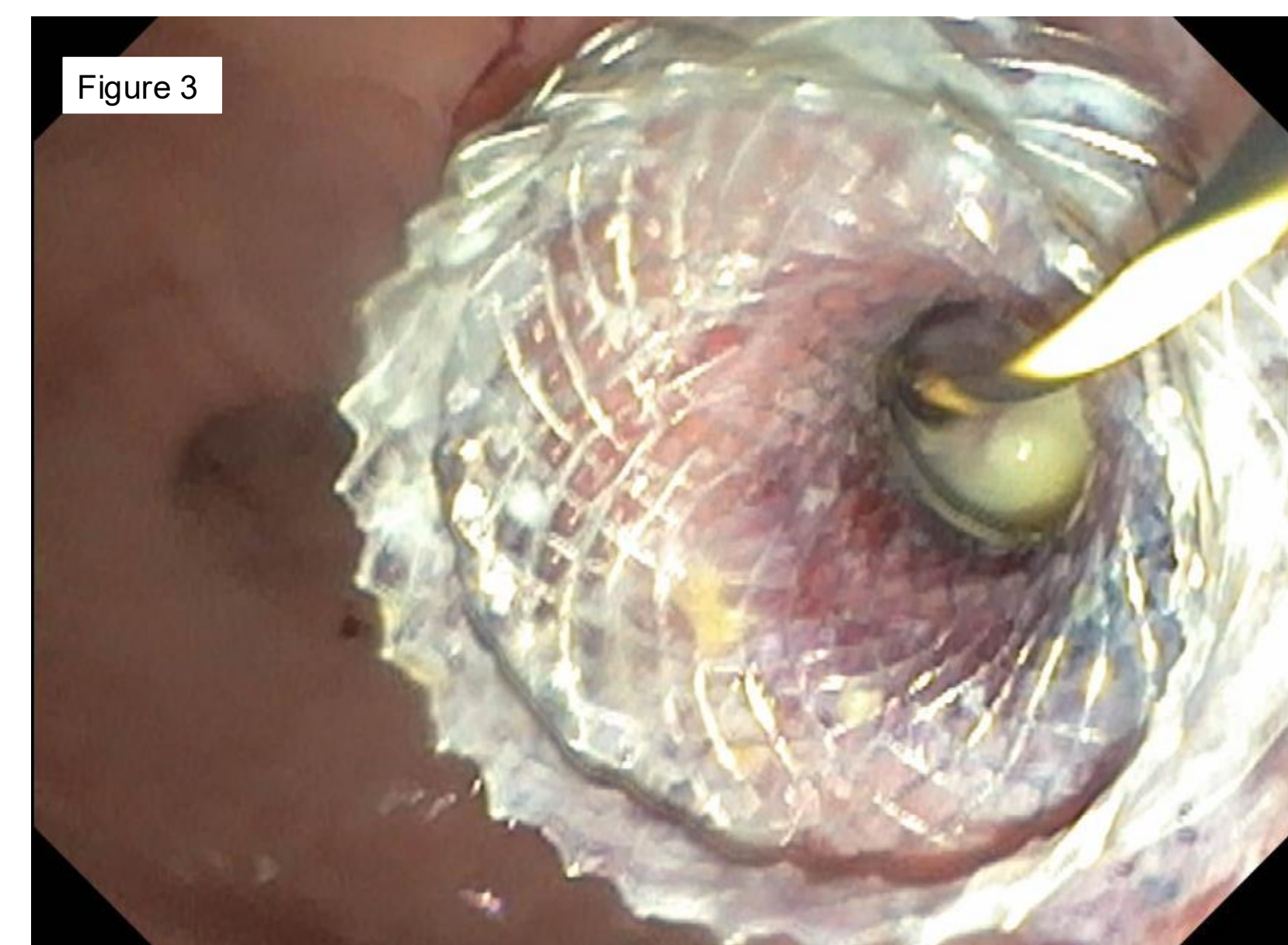
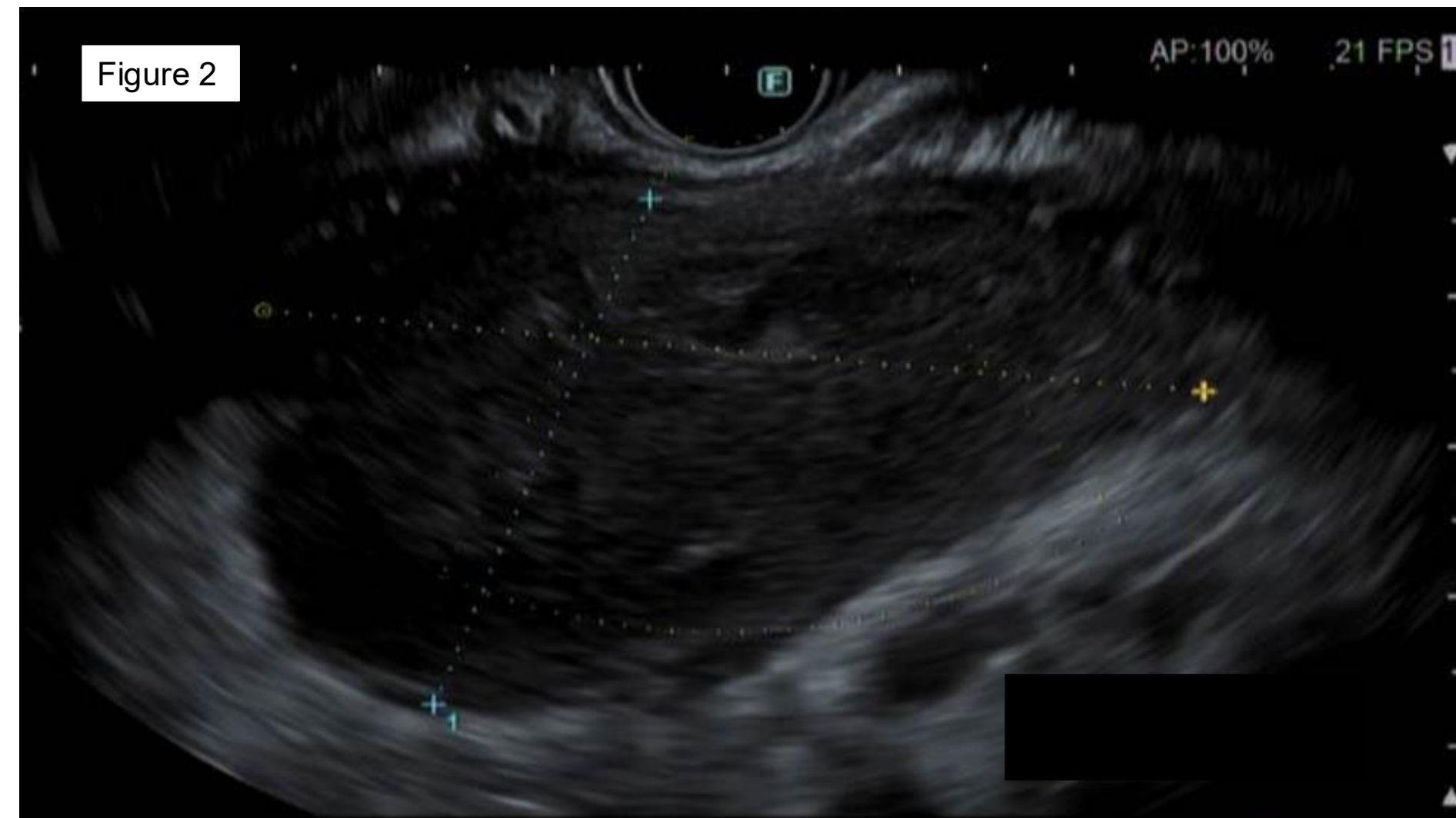
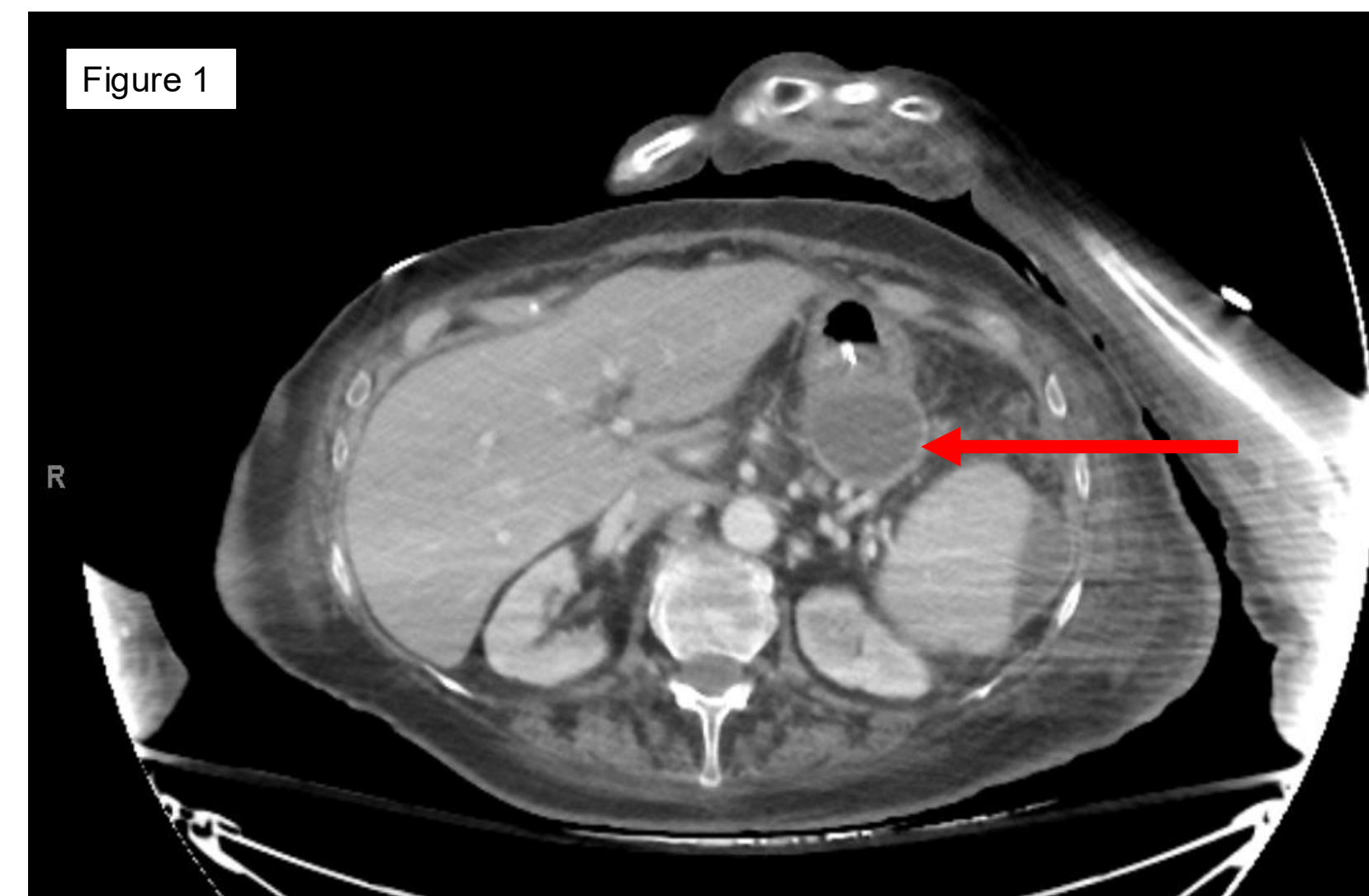


Figure 1. Retrogastric, uninoculated abscess.

Figure 2. 54.6 mm x 35.8 mm lesion in the posterior gastric space with mobile hypoechoic material. Transgastric puncture with a 19 G FNA needle performed. Purulent material was aspirated.

Figure 3. Under EUS guidance, a 15 mm x 10 mm lumen-opposing metal stent (LAMS) was deployed

Figure 4. Interval imaging demonstrating complete resolution of the abscess following drainage.

Figure 5 The abscess cavity was significantly smaller on subsequent exam and the lumen-opposing stent was removed.

DISCUSSION

- Resolution of the abscess was noted on repeat EGD/EUS at 1 month
- **Percutaneous IR drainage** is first-line but limited by:
 - Difficult access routes
 - Multiloculated or necrotic collections
 - High-risk anatomical locations (deep pelvic, Retrogastric/colic, peri-pancreatic)
- **EUS** offers a minimally invasive alternative for abscesses adjacent to the GI tract, allowing precise drainage when IR is not feasible.

CONCLUSION

- Percutaneous drainage has limitations in complex or inaccessible abscesses.
- **EUS successfully resolved the retrogastric abscess**, avoiding surgery.
- Consider **EUS prior to surgical intervention** when IR drainage is not feasible.

REFERENCES

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