

Title:

Hepatic abscess occurred one year after endoscopic transmural management of an infected, walled-off pancreatic necrosis

Authors:

Yu Tang, Lizhi Yi, Xuejie Deng, Xianfei Zhong

DOI: 10.17235/reed.2023.9881/2023

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Tang Yu, Yi Lizhi, Deng Xuejie, Zhong Xianfei. Hepatic abscess occurred one year after endoscopic transmural management of an infected, walled-off pancreatic necrosis. Rev Esp Enferm Dig 2023. doi: 10.17235/reed.2023.9881/2023.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Hepatic abscess occurred one year after endoscopic transmural management of an infected, walled-off pancreatic necrosis

Yu Tang*, Lizhi Yi*, Xuejie Deng, Xianfei Zhong[#]

Department of Gastroenterology, People's Hospital of Leshan, No.238 White Tower Road, Leshan 614000, Sichuan, China

[#]Corresponding author at: Department of Gastroenterology, People's Hospital of Leshan, No.238 White Tower Road, Leshan 614000, Sichuan, China.

E-mail address: zxf2082346@163.com (Xianfei Zhong)

Keywords: Hepatic abscess. Endoscopic drainage. Walled-off pancreatic necrosis. Reintervention.

* Yu Tang and Lizhi Yi contributed equally to this work.

Dear editor,

A 46-year-old man underwent endoscopic ultrasound (EUS)-guided transgastric drainage with subsequent direct endoscopic necrosectomy (DEN) for an infected walled-off pancreatic necrosis (WOPN) which was a complication of a hypertriglyceridemia-induced severe acute pancreatitis. Following treatment, he improved clinically with resolution of fever and substantial reduction in size of the WOPN. He was discharged with indwelling plastic stents which were to be removed after complete resolution of the WOPN (Fig. 1 A to F). Unfortunately, follow-up CT and EUS 1 months later showed spontaneous stents dislodgement and a residual pancreatic fluid collection (PFC) measuring 4.0×2.3cm, for which re-intervention was technically demanding due to the small size (Fig. 1 G and H). As he was asymptomatic, a decision was made to manage him expectantly for spontaneous resolution of the residual PFC. However, against our expectation, 1 year later he presented with recurrent fever to 40.1 °C. An hepatic abscess was identified on CT

scan, which also revealed the residual PFC, though it was further reduced in size (Fig. 1 I and J). After one month of antibiotic treatment, follow-up CT revealed that the hepatic abscess had resolved (Fig. 1 K). Concurrently, complete resolution of residual PFC was also observed (Fig. 1 L).

Discussion

EUS-guided drainage/debridement is a first-line therapy for WOPN (1). Remnant PFC due to premature stent dislodgement may persist as an insidious source of infection in which dormant pathogens may become reactivated sometime and culminate in a flare-up. Since the venous drainage of the pancreatic region ends up in the portal vein, occurrence of the hepatic abscess in the presence of the residual PFC should be considered as causal rather than coincidental. At least we couldn't help arousing a high suspicion of their cause-and-effect relationship. Therefore, despite its being technically challenging, timely reintervention with measures such as EUS-guided needle puncture and irrigation so as to thoroughly eradicate the residual PFC burden should be advocated to reduce the likelihood of late on-set local or distant infection.

Conflict of interest

The authors declare no conflict of interest.

Informed consent

Informed consent was obtained from the patient for publication of his information and imaging.

Funding

This work was supported by the Sichuan Provincial Medical Science Program (Grant No. S22065) and the Municipal Key Science and Technology Program of Leshan (Grant No. 22SZD074)

Reference

[1] Baron TH, DiMaio CJ, Wang AY et al. American Gastroenterological Association

Clinical Practice Update: Management of Pancreatic Necrosis. Gastroenterology 2020;158:67-75.

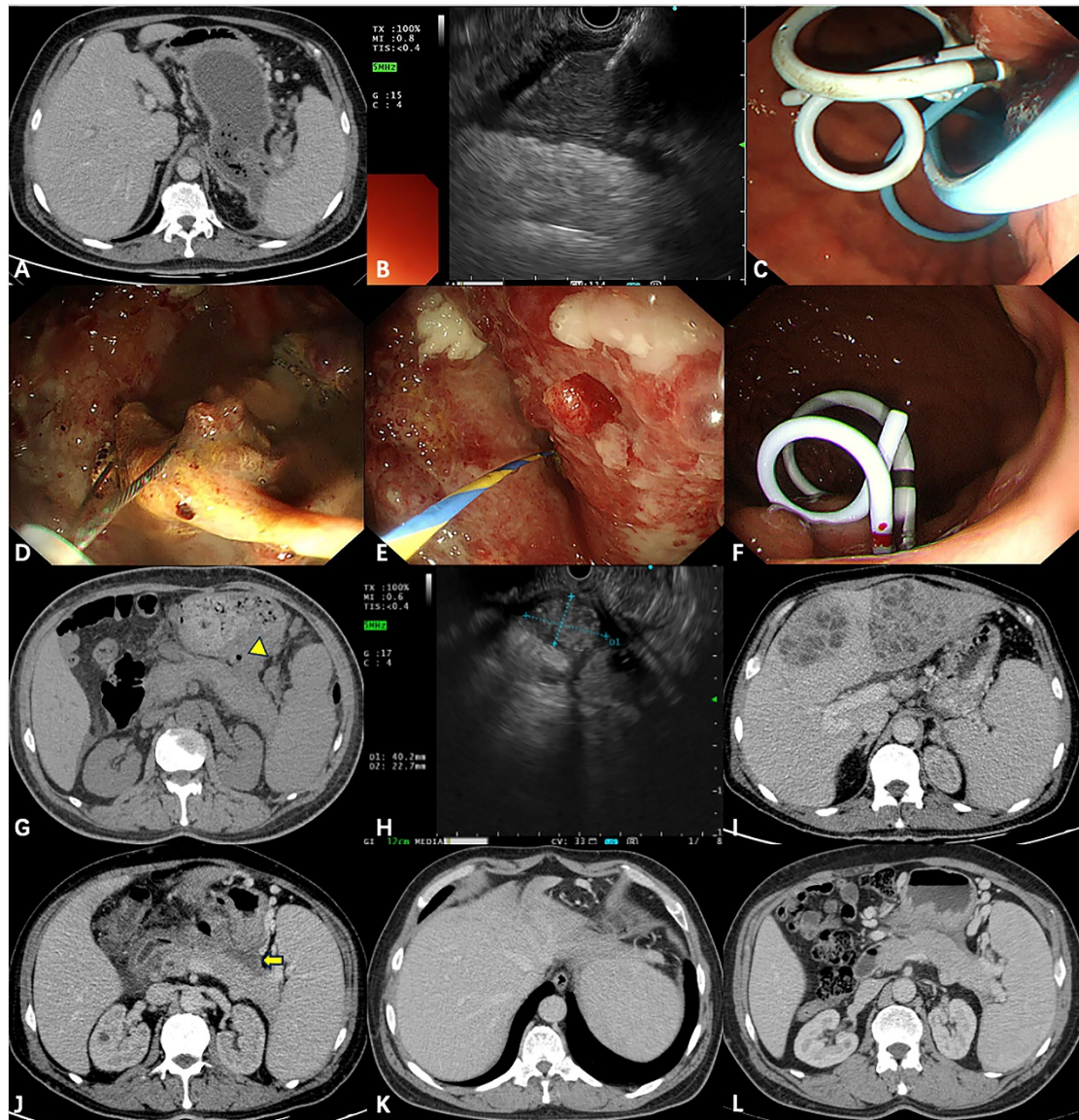


Fig. 1 A. Computed tomography (CT) showing a walled-off pancreatic necrosis with air bubbles inside. B to E. Endoscopic ultrasound guided transgastric drainage followed by direct endoscopic necrosectomy. F. Endoscopic view showing 2 transmural indwelling stents at discharge. G and H. Follow-up CT (arrowhead) and endoscopic ultrasound 1 month after discharge showing residual pancreatic fluid collection (PFC). I and J. CT scan at the onset of fever 1 year later showing hepatic

abscess and residual PFC (arrow). K and L. CT scan after antibiotic treatment showing resolution of both hepatic abscess and residual PFC.

Accepted Article