Discussion

As the role for therapeutic EUS continues to expand, these two cases further illustrate a new modality for draining caudate, and potentially left liver lobe abscesses in those where the transcutaneous or surgical approach may be contraindicated. There is limited published data with one recent case series and a case report demonstrating its safety and efficacy both via transduodenal and transgastric approach[5,6]. In this article, we present two cases of a caudate lobe abscess successfully drained by EUS-guided transgastric drainage without complication. The technique used was similar to those previously described. EUS allows for easy identification of intervening vessels and thus may reduce the risk of bleeding. Furthermore by avoiding the transcutaneous route, the risk of discomfort associated with an external drain is obviated, and may allow for improved quality of life. Further experience with therapeutic EUS and the development of improved echoendoscopes will allow for increased application in this field.

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Erratum:

The July 20, 2011, article by Leung et al, entitled, "DDW 2011 cutting edge colonoscopy techniques - state of the art lecture master class – warm water infusion/CO_2 insufflation for colonoscopy" (J Interv Gastroenterol 2011; 1:78-82), contained an error.

In figure 2, lower left panel, the legend was given as "Good prep" and should have been "Air method". The corrected figure 2 is as follows:

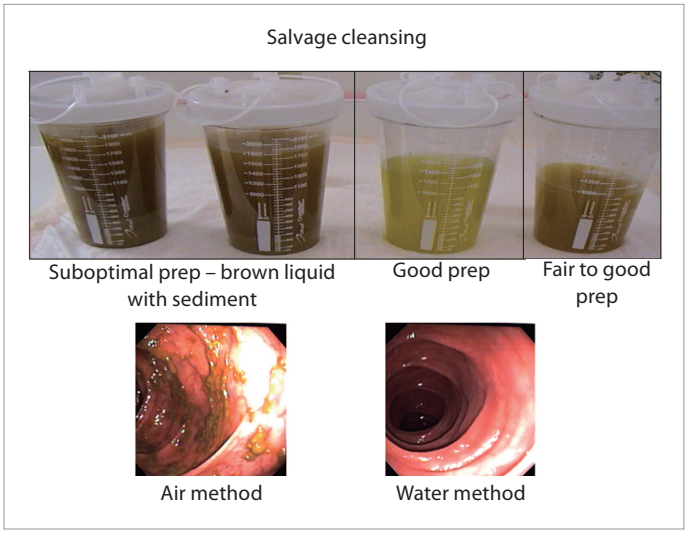

Figure 2. Most of the dirty water is in the suction bottle during insertion. Water exchange provides salvage cleansing of the colon.

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