



What must be done in case of a dense collection?

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We are glad that our pictorial essay has aroused interest from readers and in particular we thank dr. Arosh S. Perera Moligoda Arachchige for the possibility of underlining the focus of our paper, which is the use of the CT guide in the drainage of abdominal collections, only when the ultrasound is unable to guarantee safe guidance to the procedure [1].

In the letter from Dr. Arosh, the images provided point out a perihepatic collection drained under CT guidance that probably could be easily drained under ultrasound guidance (the drainage catheter is placed between the abdominal wall and the liver).

Concerning the management of dense collections we agree with dr. Arosh that the “wire test” is useful: the successful passage of an initial guidewire, which is able to assume the shape of the cavity to be drained, implies that the content is considerably fluid.

The instillations of fibrinolytics from the catheter in dense collections of abdominopelvic abscess cavities [2], in all the studies done so far, have been shown to be safe even in the setting of patients receiving concurrent systemic prophylactic or therapeutic anticoagulation. For example, in the era of urokinase use, Lahorra et al. [3] found no associated

bleeding complications or changes in systemic coagulation parameters following the use of intracavitary urokinase in 31 abscesses.

Thanks again to the reader and to the Editor of our scientific journal for the opportunity they have given us to clarify this aspect of CT-guided drainage of dense abdominal pelvic abscesses.

References

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