Liver Abscess secondary to a duodenal-jejunal bypass liner (DJBL) successfully treated with antibiotics but without removal of the device.

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Endoscopic DJBL therapy is a 60cm impermeable liner open at both ends. This minimally invasive technique improves HbA1c and promotes weight loss in obese patients with T2DM. Its utility has been questioned owing to the association of this treatment with hepatic abscess although the largest, German, registry postulates that this may be as low as 2%.
We present the case of a 51 year old lady; a participant in the ABCD REVISE - Diabesity trial. She was on gliclazide 80mg twice daily with a weight at enrollment of 114kg. Six weeks following EndoBarrier insertion in July 2014 she presented with nausea and upper abdominal pain. She was found on CT imaging to have developed an abscess measuring 8.0 x 6.5cm in the left hepatic lobe, not amenable to ultrasound guidancd drainage.
Despite counseling the patient refused (because of weight loss) to have the EndoBarrier removed. Antibiotic treatment was commenced with device removal planned if there was no resolution. She was treated with 2 weeks of intravenous Piperacillin/Tazobactam then 12 weeks of oral Ciprofloxacin, resulting in clinical and biochemical improvement. Subsequent imaging demonstrated considerable improvement in abscess size, which then measured 2.5 x 2.0cm. A CT following device removal at 12 months demonstrated only a small remnant of the abscess. She lost 19 kg in weight during the 12 month treatment period. Our case suggests that some, but not all cases of Endobarrier associated hepatic abscess may be treated simply with careful monitoring and antibiotics, without removal of the EndoBarrier device.