Do patients with endovascular prostheses require prophylactic antibiotics before they undergo ERCP?

To the Editor:

We read with great interest the editorial by Lee and Lee[1] discussing infection after ERCP. We would like to raise the question of whether antibiotic prophylaxis is necessary in patients who have had a synthetic vascular graft.

Several guidelines, including those of the American Society for Gastrointestinal Endoscopy,[2] state that patients who have had a synthetic vascular graft placed within 1 year of the proposed ERCP procedure should receive prophylaxis. This is based on studies done in dogs by Malone et al.[3] Although incomplete pseudo-intimal coverage has been cited as the primary risk factor for early graft infection,[4] late infection of vascular grafts caused by hematogenous seeding from a distant focus involving *Staphylococci*, but also Gram-negative bacilli, has been documented.[5] Interestingly, the American Heart Association guidelines for endocarditis prophylaxis have been updated to exclude endoscopic procedures[6] known to be associated with bacteremia. It can be argued that the valvular lesions at risk of infective endocarditis have intimal damage that would conceivably predispose them to inoculation with bacteria. Are endovascular stents, especially those within 1 year of insertion, not similar to an incomplete intimal layer? This raises the question of whether these patients require antibiotic prophylaxis. Ethically, we will probably never see a randomized controlled trial wherein these vascular patients will be divided into study and control groups; however, it is an interesting dilemma.

Martin Brand, MBChB
Damon Bizos, MBBCh, FCS (SA)
Gastrointestinal Surgery Unit
University of the Witwatersrand
Johannesburg, South Africa

REFERENCES

1. Lee JG, Lee CE. Infection after ERCP, and antibiotic prophylaxis: a sequential quality-improvement approach over 11 years. Gastrointest Endosc 2008;67:476-7.
2. American Society for Gastrointestinal Endoscopy. Guidelines for antibiotic prophylaxis for GI endoscopy. Gastrointest Endosc 2003;58:475-82.
3. Malone JM, Moore WS, Campagna G, et al. Bacteremic infectability of vascular grafts: the influence of pseudointimal integrity and duration of graft function. Surgery 1975;78:211-6.
4. Moore WS, Rosson CT, Hall AD. Effect of prophylactic antibiotics in preventing bacteremic infection of vascular prostheses. Surgery 1971;69:825-8.
5. Goëau-Brissonnière O, Leport C, Lebrault C, et al. Antibiotic prophylaxis of late bacteremic vascular graft infection in a dog model. Ann Vasc Surg 1990;4:528-32.
6. Wilson W, Taubert KA, Gewitz M, et al. Prevention of infective endocarditis: guidelines from the American Heart Association: a guideline from the American Heart Association Rheumatic Fever, Endocarditis and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group. J Am Dent Assoc 2008;139(Suppl):3S-24S.

doi:10.1016/j.gie.2008.04.007

Response:

We thank Drs Brand and Bizos for reading our editorial. The American Society for Gastrointestinal Endoscopy (ASGE) published its newest guideline for antibiotic prophylaxis in the May issue of *GIE*, in which it clearly does not recommend antibiotic prophylaxis for patients with vascular prosthesis.[1] Their recommendation was grade 1C+ (ie, strong recommendation, can apply in most practice settings in most situations). They also stated that there has been no reported case of vascular prosthesis infection resulting from endoscopy. Therefore, in our opinion, and in agreement with the ASGE guidelines, antibiotic prophylaxis is not warranted in patients with vascular prosthesis who undergo endoscopy.

John G. Lee, MD
Christopher E. Lee, MD
Division of Gastroenterology
UC Irvine Medical Center, Orange
California, USA

REFERENCE

1. ASGE Standards of Practice Committee. Antibiotic prophylaxis for GI endoscopy. Gastrointest Endosc 2008;67:791-8.

doi:10.1016/j.gie.2008.06.037

Role of EUS in drainage of peripancreatic fluid collections not amenable for endoscopic transmural drainage

To the Editor:

We read with interest the article, ''Role of EUS in drainage of peripancreatic fluid collections not amenable for endoscopic transmural drainage,'' by Varadarajulu et al,[1] in which the authors prospectively describe endoscopic drainage of pancreatic fluid collections. However, we respectfully disagree with the conclusion that EUS is most useful for collections in the tail of the pancreas. Even if the collections located at the tail of the pancreas clearly represent those which became amenable to therapy thanks to EUS, previous research from our group has shown that EUS is quite useful for collections in the head and the body, which are nonbulging, as well as lesions that are distant to the wall of the stomach or duodenum.[2,3] In addition, one of our studies noted a difference between drainage with the transpapillary method alone versus transmural method alone, the latter giving better results in the long term.[2] We would be