US/CT Fusion-guided Psoas Muscle Abscess Aspiration

BACKGROUND

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Case:
Aspiration of Psoas Muscle Abscess

Featured Product:
Verza Guidance System

CONSIDERATION FOR USE

A 49 year old male presented to the ultrasound department with a small, difficult-to-access psoas muscle abscess adjacent to the right common iliac artery and vein (Fig 1). Using CT/US fusion imaging, the abscess was confidently localized in preparation for an ultrasound-guided aspiration.

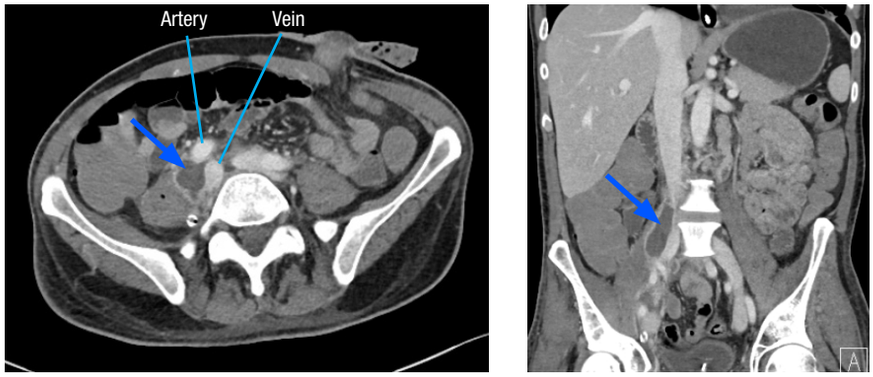

FIGURE 1.
Psoas muscle abscess (blue arrow) adjacent to the right common iliac artery and vein.

REQUIRED EQUIPMENT FOR EXAMINATION

- **GE Healthcare LOGIQ™ E9 with XDclear™ 2.0 R6 ultrasound system, C1-6-D probe**
- **CIVCO Verza Guidance System**

APPROACH TO THE INTERVENTION

The patient was placed in left lateral decubitus position to allow for a posterolateral approach behind the colon. Using external transducer pressure, the colon was displaced further medially, creating a small window to approach the abscess (Fig 2).

The Verza Guidance System was chosen to assist in the intervention. The GE ultrasound system software for needle guidance was activated to enable effective pre-planning of the approach. Angle 1, the shallowest angle, was selected as it projected the safest needle path.

The abscess, with a transversal diameter of approximately 1.5 cm, was located adjacent to the right common iliac artery and vein. In this situation, real-time visualization of the 18G needle was highly recommended as it traversed the soft tissues and into where the small abscess was.

Verza ultrasound needle guidance provided reliable in-plane needle visualization during a shallow approach to this abscess which was subsequently aspirated and irrigated with saline.

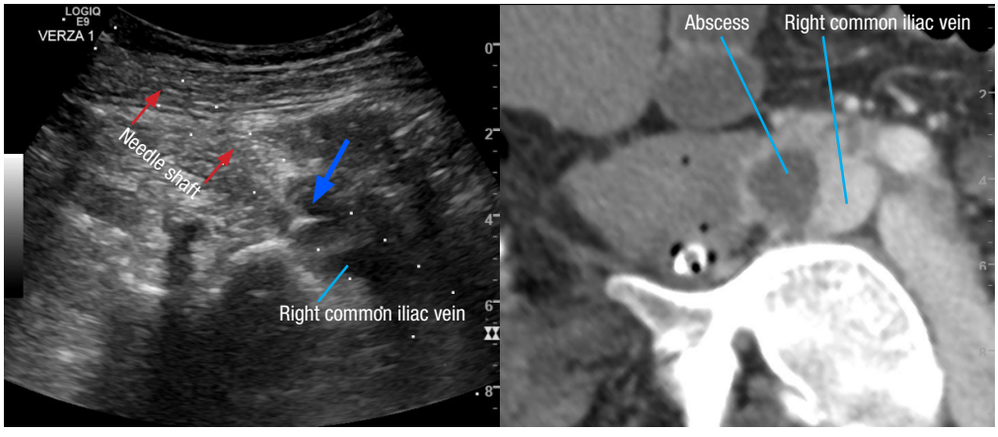

FIGURE 2. 18GA needle tip in the abscess (blue arrow). Verza needle guidance with angle selection 1 (shallowest angle).

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