

A RARE COMPLICATION OF A COMMON DISEASE?

Mariana Leal¹, Carolina Amado¹, Bárbara Paracana¹, Diana Aguiar¹, and Mariana Sousa¹

¹Centro Hospitalar do Baixo Vouga EPE

November 28, 2021

Abstract

The iliopsoas muscle abscess is rare condition, with increasing recognition, that can be either primary, by hematological or lymphatic dissemination, or secondary to infections in the gastrointestinal, genitourinary tract or musculoskeletal system. Its early identification is highlighted, for an adequate therapeutic orientation, contributing to a good prognosis.

TITLE: A RARE COMPLICATION OF A COMMON DISEASE?

Mariana da Silva Lea ¹, Carolina Amado¹, Bárbara Paracana¹, Diana Aguiar², Mariana Sousa¹

¹Internal Medicine Department, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal

Email: maranhas.mariana.sl@gmail.com

²Intensive Care Unit, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal

Correspondent Author:

Mariana da Silva Leal

Internal Medicine, Centro Hospitalar Baixo Vouga, Av. Artur Ravara, 3810-501 Aveiro,

Contacts: 00351914833539; e-mail: maranhas.mariana.sl@gmail.com

ORCID: 0000-0003-1758-1131

KEYWORDS: Iliopsoas abscess, urinary tract infection, Escherichia coli, sepsis

Funding: No funding was received for this work.

Conflict of interest: The authors declare that they have no conflict of interest.

Ethical responsibilities: Compliance with ethical standards.

Patient consent: Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy

TITLE: A RARE COMPLICATION OF A COMMON DISEASE?

ABSTRACT:

The iliopsoas muscle abscess is rare condition, with increasing recognition, that can be either primary, by hematological or lymphatic dissemination, or secondary to infections in the gastrointestinal, genitourinary tract or musculoskeletal system. Its early identification is highlighted, for an adequate therapeutic orientation, contributing to a good prognosis.

KEY CLINICAL MESSAGE:

The iliopsoas muscle abscess is rare condition and can occur associated with infections as urinary. This diagnosis should be acknowledged as a possible complication, especially in patients who don't show improvement despite targeted therapy.

KEYWORDS: Iliopsoas abscess, urinary tract infection, Escherichia coli, sepsis

CLINICAL IMAGE:

Urinary tract infection is a common condition, seldom presenting with life-threatening manifestations. The iliopsoas muscle abscess may occur by hematological/lymphatic dissemination or secondary to local infections, namely rare situations of kidney infection.

A 75-years-old woman presented with altered mental state and one-week complaints of liquid stools, decreased urinary output and abdominal discomfort. On admission, she was hypotensive, tachycardic and had abdominal pain in the right quadrants. Blood work showed anemia, acute kidney injury and increased C-reactive protein. Urinalysis had leukocyturia and she had an unremarkable abdominal/renal ultrasound. A diagnosis of urosepsis was made and she was started on supportive care and 3rd generation cephalosporin. Although Escherichia coli was isolated on blood and urine culture, the patient maintained fever and persistent aggravation, which led to switch of antibiotic on the 8th day and a prompt radiological reevaluation. Abdominal computed tomography was performed, revealing abscessed collections in the right iliopsoas muscle (Figure 1), which was submitted to CT-directed drainage and posterior isolation of Escherichia coli. The diagnosis of iliopsoas muscle abscess by bacterial translocation secondary to urinary tract infection was admitted. De-escalation of antibiotic was performed according to the antibiogram and antibiotic maintained for eight weeks, leading to apyrexia and clinical improvement.

Data Availability Statement: Data sharing is not applicable to this article as no new data were created or analyzed in this study.

REFERENCES :

- Ouellette L, Hamati M, Flannigan M et al. 2019. Epidemiology of and risk factors for iliopsoas abscess in a large community-based study. *American Journal of Emergency Medicine* 37(1):158–159
- Shields D, Robinson P, Crowley TP. 2012. Iliopsoas abscess - a review and update on the literature. *Int J Surg* 10(9):466-9

IMAGES

Figure 1 (A, B – axial slice, C - coronal slice, D – sagittal slice): Abdominal computed tomography showing several liquid collections (arrows) in close proximity covering the right iliopsoas muscle, the largest with a more medial location, extending inferiorly anterior to the hip joint, showing at least two gaseous inclusions (D – arrow heads), compatible with abscessed lesions.





