

Clinical Image

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A rare complication of a common disease?

Mariana da Silva Leal^{1*}; Carolina Amado¹; Bárbara Paracana¹; Diana Aguiar²; Mariana Sousa¹

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

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

***Corresponding Author: Mariana da Silva Leal**

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

Tel: 0035-191-483-3539

Email: maranhas.mariana.sl@gmail.com

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Abstract

The iliopsoas muscle abscess is a rare condition that may occur by hematological/lymphatic dissemination or secondary to local infections, namely rare situations of kidney infection. Its early identification plays an essential role for an therapeutic and good prognosis. The authors present a rare complication of a very common pathology in the internist's clinical practice, highlighting the importance to consider the iliopsoas muscle as a possible difficulty in patients with urinary tract infections under targeted therapy who do not show clinical improvement.

Keywords: iliopsoas abscess; urinary tract infection; escherichia coli; sepsis.

Description

Urinary tract infection is a common condition, seldom presenting with life-threatening manifestations. The iliopsoas muscle abscess is rare a 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 [1]. The importance of its early identification is highlighted, for an adequate therapeutic orientation, contributing to a good prognosis [2].

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

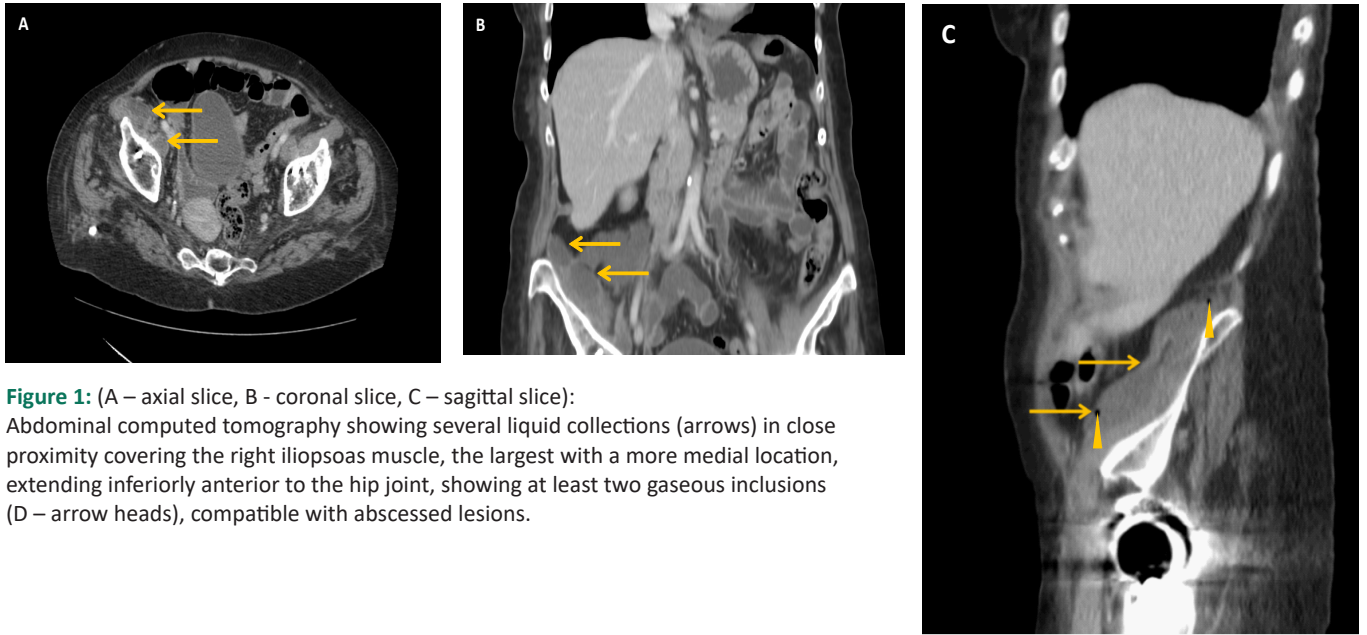
coli was isolated on blood and urine culture, the patient maintained fever and persistent aggravation, which led to switch of antibiotic on the 8th day and a prompt radiological reevaluation. Abdominal computed tomography was performed, revealing abscessed collections in the right iliopsoas muscle (Figure 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.

Declarations

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