SPLENIC ABCESS

HISTORY

- 69 YEARS OLD,LADY
- 4 EPISODES OF UTTER WEAKNESS ASSOCIATED WITH RIGORS AND FEVER
- TREATED BY GP

INVESTIGATIONS

- GENERAL EXAM NAD
- SYSTEMIC EXAM NAD
- ECG NORMAL
- XRAY CHEST NORMAL
- PERIPHERAL SMEAR NEGATIVE FOR MALARIA

- HB 12.2 gms
- Wbc 12,600
- Platelets 231,000
- FBS 8.0 MMOL
- UREA 30MMOL
- CREATININE I.40
- CH0LESTEROL 3.34
- TRIGLYCERIDES 1.1
- INR 1.17
- LFT NORMAL
- S.ELECTROLYTES NORMAL

INVESTIGATION

- ULTRASOUND ABDOMEN

LARGE COMPLEX ROUNDED CYSTIC SWELLING 10 CM WITH A DENSE ECHOGENIC AVASCULAR COMPONENT

?SPLENIC ABCESS

?SPLENIC ~~CYST~~

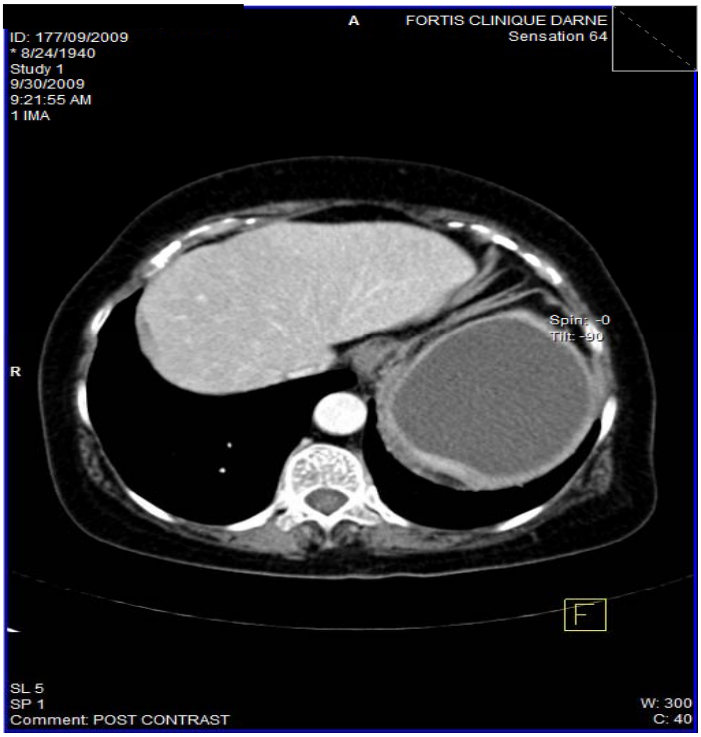
- CTSCAN ABDOMEN

LARGE WELL-MARGINATED CYST OF MIXED DENSITIES MEASURING 10 CMS IN UPPER POLE ,NO SIGNIFICANT ENHANCEMENT

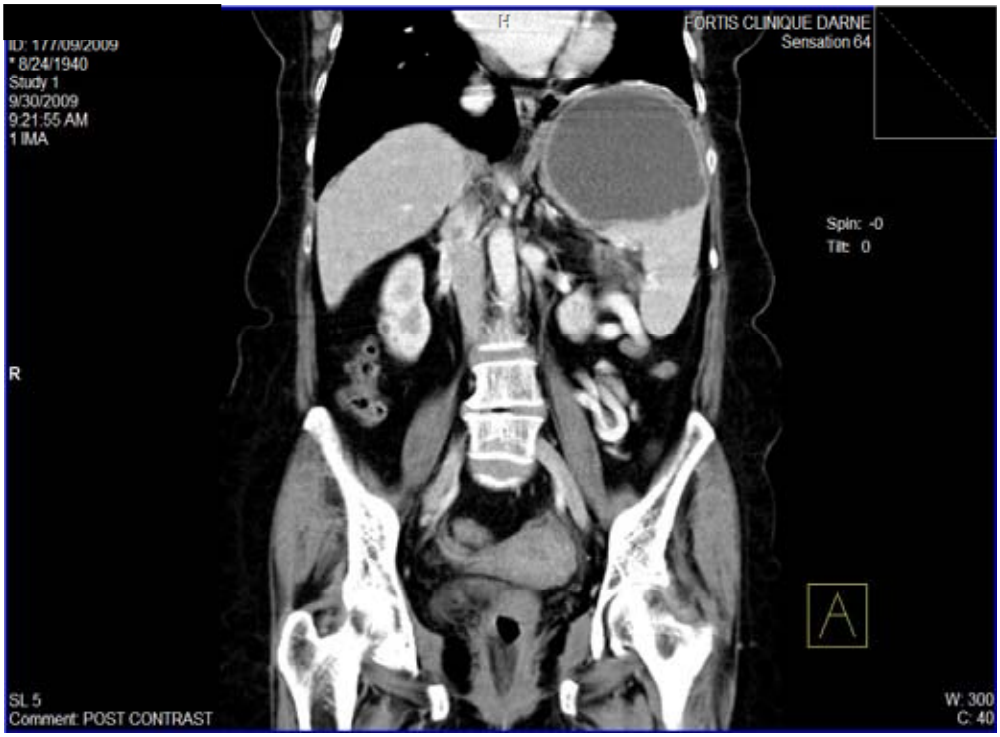
?COMPLEX SPLENIC CYST

?HAEMORRGHAGIC CYST

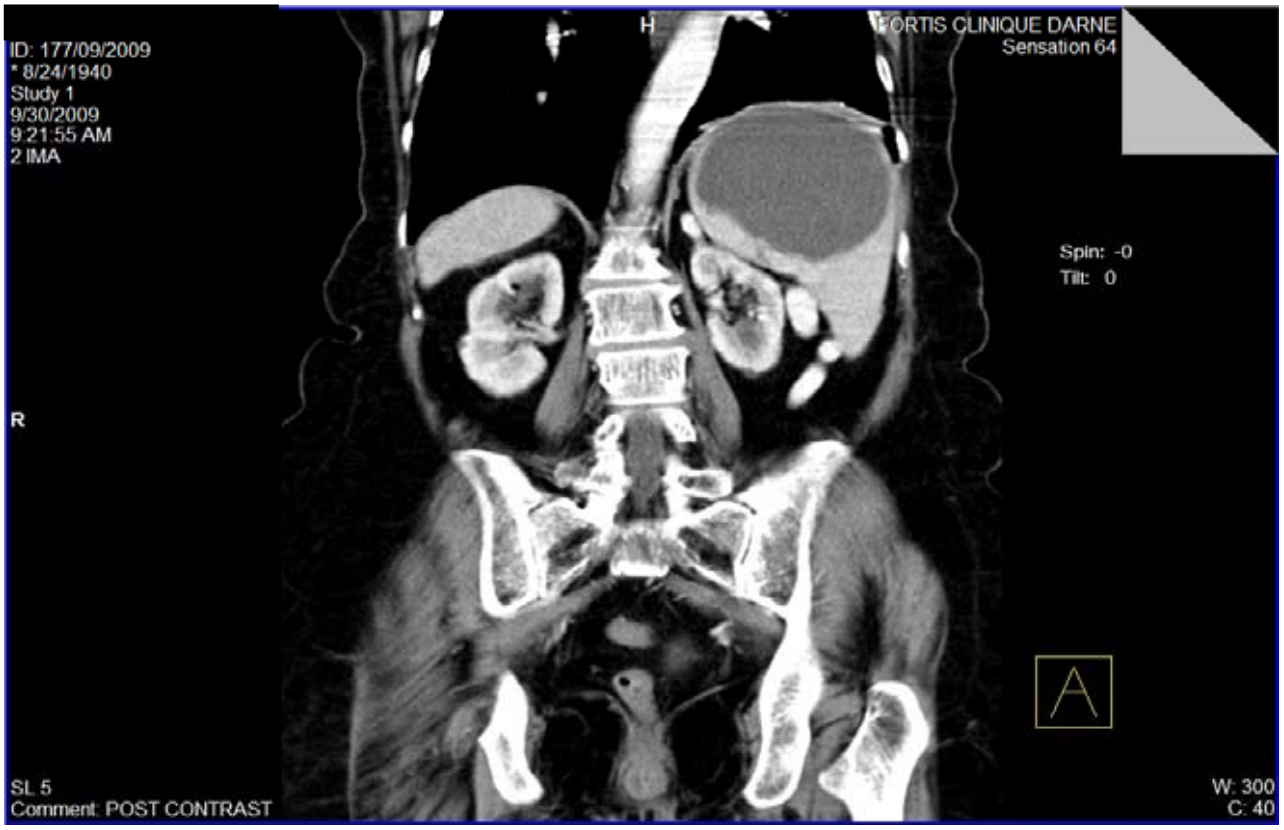
SPLENIC ABCESS



SPLENIC ABCESS



SPLENIC ABCESS



TREATMENT

- Surgery
- Exploratory laparotomy via midline
- Huge adherent spleen
- Very dilated splenic veins
- Tethered to diaphragm with no line of cleavage
- Aspiration of the abcess and removal the whole spleen

Post operative recovery

- *Uneventful*
- *Pneumococcal vaccine 3-yearly*

LITERATURE SEARCH

SPLENIC ABSCESS

SPLENIC ABSCESS

Clinical

- Man more common ,6 months to 90 yrs
- Diabetes mellitus
- Haematogenous spread most common(septicaemia,endocarditis,IDU)
- Immunosuppressed individual(HIV,chemotherapy,steroids,underlying illness),trauma,contiguous spread
- Haemoglobinopathies

- Generalised (15-70%)/LUQ pain(40-50%),fever,LUQ tenderness,Splenomegaly(30-50%),usually subacute 2-3 weeks or longer
- Left shoulder pain,anorexia,malaise
- Localising signs of splenic abscess may be overshadowed by underlying illnesses /risk factors
- LAB:leucocytosis (60-80%) with shift to left.blood culture positive in 20% to 83% with multiple abscesses and 14% with solitary abscess

SPLENIC ABCESS

PATHOGENS

- Gram negative bacilli-E.coli,salmonella
- Staphylococcus Aureus
- Streptococci and Enterococcus
- Mycobacterium
- Rarely Brucella
- Polymicrobial in 25% cases
- Most common causes of splenic abscess is bacteraemia from a distant site(endocarditis,UTI,pancreatitis,GI tract)the likely pathogens is determined by the original focus+risk factors
- Neutropenia and corticosteroids predisposes to candida splenic abscess

DIAGNOSIS

- Clinical diagnosis is inherently difficult
- Plain xray are non-specific
- Radionuclide studies are of little utility
- CT scan or MRI are imaging of CHOICE
- Ultrasound are reasonable alternative

TREATMENT

ANTIBIOTIC-Emperic coverage

- Ceftriaxone-metronidazole
- Piperacillin-tazobactam
- Ampicillin-sulbactam
- Vancomycin ?MRSA
- Imipenen-cilastatin

Pathogens specific cover if pathogens are known

Emperic fungal cover in immunicompromised

Followup imaging studies guide duration

Useful clinical parameters:temperature

CRP

WBC

Longer duration of antibiotics up to 6 weeks in some cases eg endocarditis

SURGERY

- *DRAINAGE*

CT OR US GUIDED DRAINAGE WITH CATHETER PLACEMENT

SPLENECTOMY

- *LARGE ABSCESS>10 CMS*
- *UNRESOLVED ABSCESS*
- *FAILURE OF ASPIRATION/DRAINAGE*