

# *ILIOPSOAS ABSCESS*

## *HISTORY*

*35 years old gentleman*

*Experienced sudden onset of R thigh  
pain of severe intensity not relieved by  
NSAIDS, TRAMADOL etc which lasted for  
5days, 3 Consultations in MOH/clinics*

*Started having high fever and weakness  
in both legs, unable to walk on his own*

*Hospitalised for 13 days in a clinic  
discharged with temperature*

*38.5, sick looking, moving in wheelchair*

## Clinical assessment

- Fever 38.5 c
- Sicklooking, BP100/70,Pulse 108/min,Mild dehydration
- Abdomen soft,no tenderness
- Unable to lift both legs IN LYING POSITION
- Psoas sign positive
- Very severe tenderness R upper medial thigh
- Newly diagnosed DM on insulin

## INVESTIGATIONS

Hb 14.5,

WBC:30200,27100,17,000

Urea 8.2 creatinine 156

SGOT 60 SGPT 74 AKP774

BILIRUBIN 108 GGT 48

FBS 11.0mmol

HIV,HEPATITIS A,B,C -VE

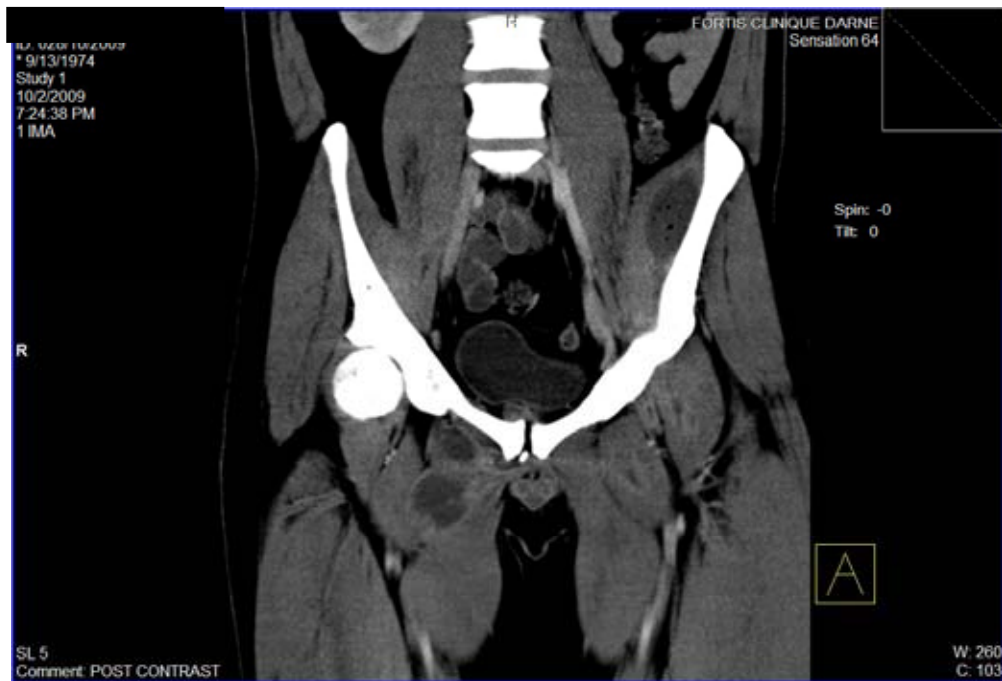
BLOOD CULTURE staph.au

XRAY CHEST,ABDOMEN,HIPS

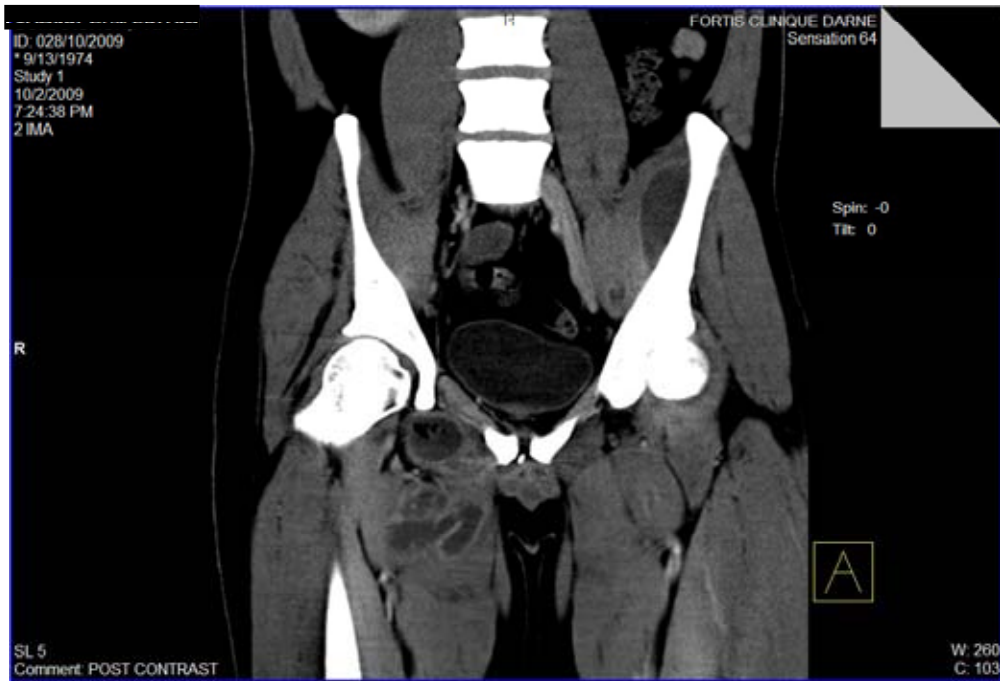
PELVIS NAD

- USG ABD/PELVIS fatty liver,gallstone n normal GB
- CTSCAN chest normal
- CTSCAN abdomen pelvis oedematous iliopsoas fluid collection  
R rectus/adductor swelling and fluid collection  
air collection R pectineus

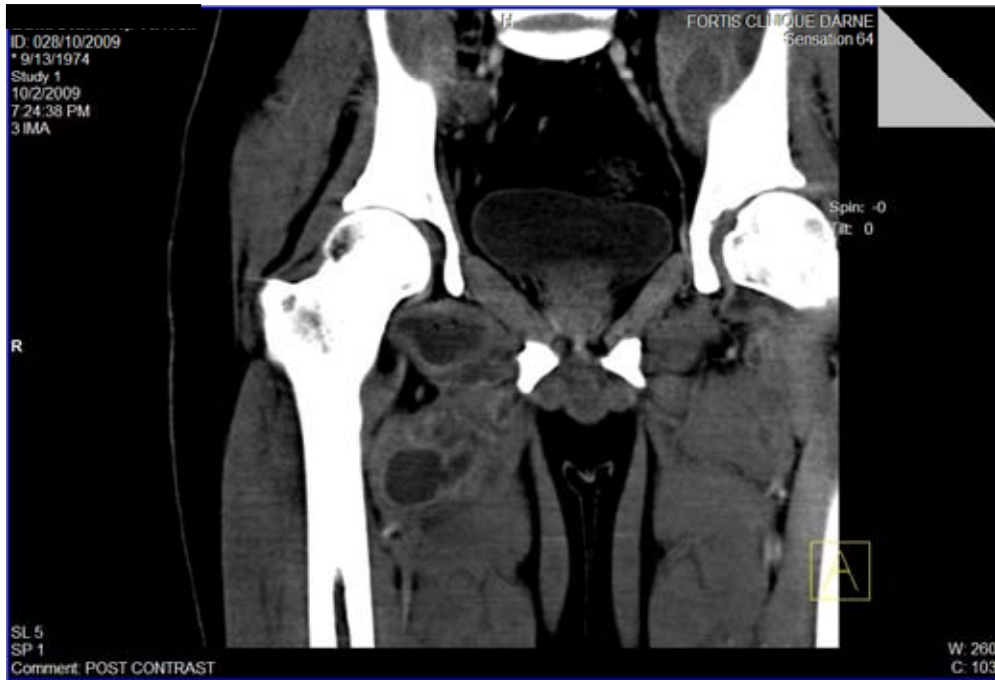
# LEFT ILIOPSOAS & (R) THIGH ABSCESSSES



# CTSCAN PICTURE



# THE THIGH ABSCESSSES



## TREATMENT

- ANTIBIOTICS-IV CIPROFLOXACIN  
IV IMIPENEN-CILASTATIN
- SURGERY-SURGICAL DRAINAGE  
ILIOPSOAS-EXTRAPERITONEAL APPROACH  
THIGH—INCISION AND DRAINAGE

## *LITERATURE SEARCH*

AETIOLOGY: Primary or Secondary

PRIMARY: haematogenous spread from  
occult focus

- **Diabetes mellitus**
- Iv drug users
- **AIDS**
- Immunosuppression
- Renal failure



## SECONDARY CAUSES

- **GASTROINTESTINAL**

CROHN DISEASE

DIVERTICULITIS

APPENDICITIS

COLON CANCER

- **GENITOURINARY**

UTI

CANCER

LITHOTRYPHY

- **MUSCULOSKELETAL**

VERTEBRAL

OSTEOMYELITIS

SEPTIC ARTHRITIS

SACROILIITIS

- **VASCULAR**

INFECTIVE ENDOCARDITIS

AORTIC ANEURYSM

FEMORAL VESSEL CATH.

## MICROBIOLOGY

- STAPH.AUREUS 88%
- E.COLI 2%
- MYCOBACTERIUM TB
- PROTEUS
- BACTEROIDES
- CLOSTRIDIUM
- PASTUERELLA

## CLINICAL FEATURES

### CLINICAL TRIAD

- FEVER
- BACKACHE
- LIMP

## INVESTIGATIONS

ULTRASOUND NOT HELPFUL

CTSCAN GOLD STANDARD

MRI GIVES EXCELLENT DELINEATION

# TREATMENT

ANTIBIOTICS

DRAINAGE OF ABSCESS + ASSOCIATED DISEASES  
eg RESECTION OF BOWEL IN CROHN DISEASE