

A RARE COMPLICATION OF A COMMON DISEASE?

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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.

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

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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.

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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.

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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.





