A Rare Cause of Flank Mass: Tuberculous Psoas Abscess

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Picture 1. Note the mass at the superior margin of the right iliac crest.

Picture 2. Coronal T2-weighted MR image demonstrates disk space destruction between D12 and L1 with signal abnormality of D9, D10, D11 and D12 vertebral bodies. Note the large paraspinous abscesses extending from thoracic to lumbar region (arrows).

A 26-year-old man with no previous medical history was referred to the rheumatology department for right sided back pain, night sweats and weight loss. On admission, his temperature was 38.5°C. Examination of his back revealed a fluctuant 15×6 cm mass at the superior margin of the right iliac crest (Picture 1). His back was tender all over especially on T9. The neurological examination was completely normal and the chest was clear to auscultation.

Blood tests showed an increased erythrocyte sedimentation rate and C-reactive protein. His skin tuberculin test was markedly positive and HIV testing was negative. Ultrasonography revealed a right sided lumbar collection suggestive of paraspinous abscess.

Spinal MRI established the diagnosis of spondylodiscitis from T9 to T12 associated to paraspinous abscesses with rim enhancement in the thoracic and lumbar regions with extensive subligamentous and paraspinous soft tissue components

(Picture 2). Surgical drainage was then performed and biopsy of the abscess pocket confirmed the diagnosis of tuberculosis by showing caseous necrosis on histological study. The patient was put on antituberculous therapy for 18 months.

Abscess of psoas is an uncommon disease, frequently forgotten and can result from an extension of an adjacent infection: bone, genitourinary, intestinal or septic arthritis. Clinical presentation includes back pain with limitation of function, fever and leukocytosis. Ultrasonography and MRI are the keys to definitive diagnosis. The therapy is based on antibiotics and drainage of the abscess.

References

1. Vilar FC, Neves FF, Colares JK, da Fonseca BA. Spinal tuberculosis (Pott's disease) associated to psoas abscess: report of two cases and a literature. *Rev Soc Bras Med Trop* **39**: 278-282, 2006.
2. Sanal HT, Kocaoglu M, Sehirlioglu A, Bulakbasi N. A rare cause of flank mass: psoas abscess due to extensive primary thoracolumbar tuberculous spondylodiskitis. *Am J Neuro Radiol* **27**: 1735-1737, 2006.

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