Salmonella Septicemia with Iliac Mycotic Aneurysm and Spondylitis

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Picture

A 51-year-old man presented with a 2-week history of fever and low back pain. Severe diarrhea and abdominal pain developed after admission. Physical examination revealed tender lumbar spine. The cultures of his blood and stool yielded *Salmonella* group D. Computed tomography of the

abdomen and pelvis (Picture A) showed left common iliac artery aneurysm with dissection (white arrow) and several cystic nodular lesions in the right psoas muscle (black arrow). Magnetic resonance imaging revealed some enhancement of the 4th and 5th lumbar vertebrae (Picture B), a nar-

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rowing disc between these vertebrae (Picture C), and psoas muscle abscesses (Picture D, arrow). He underwent aneurysm resection and femo-femoral artery bypass with graft. He was discharged after 6 weeks of intravenous antibiotic treatment. *Salmonellae* osteomyelitis accounts for only 0.5% of all osteomyelitis cases (1); the diagnostic key is the culture finding, clinical symptoms and the characteristics of high affinity to the vessel wall of *Salmonella*.

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Reference

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