Salmonella Septicemia with Iliac Mycotic Aneurysm and Spondylitis

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

The authors state that they have no Conflict of Interest (COI).

Reference

1. Ortiz-Neu C, Marr JS, Cherubin CE, Neu HC. Bone and joint in-