Ruptured Infected Aneurysm with a Gas-forming Psoas Abscess

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A 63-year-old man with diabetes presented with a two-day history of fever and left flank pain. A physical examination revealed hypotension, tachycardia and left lower abdominal tenderness. Laboratory tests showed leukocytosis with bandemia and metabolic acidosis. A plain abdominal film showed an outpouching left psoas shadow (Picture 1, arrows). Contrast-enhanced abdominal computed tomography revealed a calcified left common iliac artery aneurysm (Picture 2, arrows) with perianeurysm psoas abscess formation (Pictures 2, 3, asterisks) and intra-abscess contrast extravasation (Pictures 2, 3, arrowheads). The patient’s hemoglobin level dropped to 3.2 g/dL from 7.4 g/dL within five hours. His clinical condition deteriorated and he died before emergency surgery could be started. The blood cultures later grew group C1 Salmonella.

Infected aortic aneurysm, a rare but life-threatening disease, can be complicated by simultaneous psoas abscess formation and aneurysm rupture. Salmonella spp is the most common responsible microorganism (1). Performing early abscess drainage and arterial reconstruction before aneurysm rupture is therefore mandatory (1).
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Reference


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