A Rare Cause of Pneumoperitoneum

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The patient was a 52-year-old man with a history of alcohol consumption and diabetes who had suffering from abdominal discomfort for a few months. He developed acute abdominal pain 12 hours before admission, with fever (38.5°C), and poor appetite. A physical examination revealed diffuse tenderness over the abdomen. A laboratory analysis revealed leukocytosis and an elevated C-reactive protein level. Abdominal computed tomography revealed a huge cavity, necrotic tissue, and pus formation in the spleen and free air and ascites in the peritoneal cavity, indicating ruptured splenic abscess causing pneumoperitoneum (Pic-
Emergency laparotomy with splenectomy was performed (Picture 4, 5) and the patient’s clinical condition gradually recovered after a complete course of antibiotic treatment. A pus culture finally yielded *Enterobacter cloacae*. The incidence of splenic abscess is increasing. The risk factors include diabetes, immunodeficiency, cancer, contiguous or metastatic infection, trauma, and splenic infarction or embolization (1). The complication of pneumoperitoneum requires prompt and timely treatment.

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Po-Wen Lin and Te-Chun Shen contributed equally to this work.

Reference