

Case Report:

An unusual cause of psoas abscess

A K Choudhury & P Bhatia

Abstract

This case study reports an uncommon cause of psoas abscess, a complication of pancreatic pseudocyst in a 75 years old man. A few other causes of psoas abscess and some complications of pancreatic pseudocyst are touched upon in this report, and management options in the treatment of pancreatic pseudocysts have been enumerated.

Keywords

Pancreatic pseudocyst and psoas – abscess.

Introduction

Psoas abscess is an uncommon presentation of the various diseases that can cause it. Acute pancreatitis as a cause has been reported in literature only rarely.

Case study

A 75 years old man, admitted as an emergency with abdominal pain, was diagnosed as having acute pancreatitis on clinical and biochemical evidence. An early ultrasound scan of his abdomen showed a solitary gall stone, and a midline unilocular cystic swelling, presumed to be a pancreatic pseudocyst. By the third day of his admission abdominal pain had settled. He was treated conservatively, and discharged asymptomatic, with normal biochemistry 27 days later. An inpatient CT scan had confirmed the presence of a large pancreatic pseudocyst (Figure 1).

One month later he was readmitted, having collapsed at home. On admission he was moderately hypotensive and had a high white cell count. His serum amylase was initially normal, but two days later rose significantly, along with bilirubin and alkaline phosphatase. He had spiking temperatures with rigors. A repeat CT scan of the abdomen (Figure 2) showed a large right sided psoas fluid collection in addition to the upper abdominal midline collection seen previously. The pancreas appeared normal. After initial resuscitation and treatment with broad-spectrum antibiotics, he underwent laparotomy, when a large fluid collection containing pultaceous material was found in the lesser sac, retroperitoneally over the right psoas and between the psoas fascia and the belly of the muscle itself. All were evacuated and, after lavage, drained



Figure 1. CT scan showing pancreatic pseudocyst.

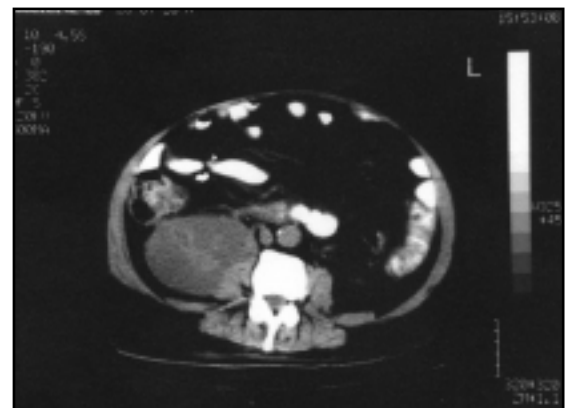


Figure 2. Subsequent CT showing right psoas abscess.

externally. The gall bladder was also removed. The cyst fluid appeared sero-purulent, but was sterile on culture. He made an uneventful recovery and was discharged home.

Discussion

Psoas collections from any cause present infrequently. As a late complication of acute pancreatitis they are even more rare. Symptoms may be minimal and clinical presentation may occur months after the acute illness making diagnosis difficult.¹ Common causes of psoas abscess are Crohn's disease, diverticular disease, tuberculosis of the spine, carcinoma of the colon, appendicitis, haematogenous spread in debilitated or immunocompromised persons, non tubercular lumbar

A K Choudhury
Staff Surgeon
Dept of Surgery
Blackpool Victoria Hospital

Praveen Bhatia
Dept of Respiratory /
Internal Medicine
Blackpool Victoria Hospital

Correspondence:
A K Choudhury
Staff Surgeon
Dept of Surgery
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool FY3 8NR
UK

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osteomyelitis or disc space infections. Other causes of collection of fluid in the psoas muscle include ruptured aortic aneurysm and uriniferous collection.² MRI scan is the investigation of choice. Interpretation of pathology within the retroperitoneal spaces is complex.³ The surgeon needs to be aware of this anatomy since thorough debridement with external drainage is the optimal treatment.

Pancreatic pseudocyst is a complication of acute or chronic pancreatitis. If untreated, large pseudocysts, can lead to further complications e.g.

- abscess formation
- rupture into the peritoneum or retroperitoneally
- haemorrhage from pseudo-aneurysm formation of superior mesenteric and splenic arteries
- thrombosis of splenic vein

- splenic infarction
- cutaneous fistula
- gastric outlet obstruction
- pleural effusion.⁴

Most small pseudocysts and some large ones resolve spontaneously. However some surgeons prefer to treat long standing pseudocysts surgically, and the operation of choice is cystjejunostomy.⁵ Other treatment options are:

- endoscopic cystgastrostomy
- laparoscopic cystgastrostomy
- CT guided aspirations or external drainage
- laparotomy and internal or external drainage
- percutaneous cystgastrostomy

Some authors like to distinguish between acute and chronic pancreatitis as the cause of pseudocyst, and manage them differently.⁴

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