

## Salmonella Related Mycotic Aneurysm with Psoas and Paraortic Abscess Treated Conservatively

A 66-year-old lady presented with 4 months history of intermittent fever, epigastric pain which radiated to the back. She reported no symptoms of diarrhoea or constipation. She did not smoke and had no history of alcohol intake. She was pre-morbidly independent. Her blood pressure was 123/62 mmHg, pulse 90 beats per minute and she was febrile. Abdominal examination revealed epigastric and periumbilical area tenderness. Laboratory blood investigations showed white cell count of  $8.6 \times 10^9/l$  with neutrophilia predominance of 81%. She had haemoglobin of 10.9g/dl and platelet of  $134 \times 10^9/l$ . Her infective markers were raised with erythrocyte sedimentation rate (ESR) of 114mm/hr and C-reactive protein (CRP) at 37 mg/l. She had a normal renal profile. Blood culture taken on admission was identified to be *Salmonella paratyphi B*.

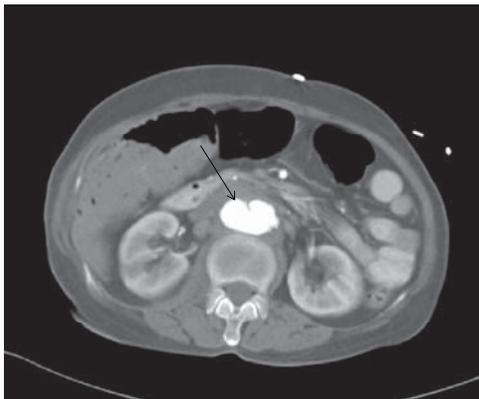


Fig. 1. CT abdomen showing abdominal aorta aneurysm with irregular walls.



Fig. 2. CT abdomen showing abdominal aortic aneurysm with right psoas abscess.

What is the diagnosis from Figs. 1 and 2?

- A. Diverticular disease
- B. Retroperitoneal lymphoma
- C. Abdominal aorta aneurysm with psoas abscess
- D. Perinephric abscess
- E. Psoas abscess

CT abdomen and pelvis (Figs. 1 and 2) showed multiple fusiform aneurysm at juxtarenal and saccular aneurysm at infrarenal abdominal aorta which measured 2.0 x 2.9 cm with paraaortic abscess and right retroperitoneal with adjacent psoas abscess measuring 3 x 3.5 x 14cm. Her fever settled at day 3 of admission and her CRP reduced in trend throughout the admission. She was discharged with oral Ciprofloxacin 500mg twice a day upon completion of 4 weeks intravenous Ceftriaxone. She was asymptomatic at 3 subsequent visits within 6 months of discharge. Her latest CT abdomen (Fig. 3) showed resolution of psoas and retroperitoneal abscess and complete thrombosis of infrarenal abdominal aorta.

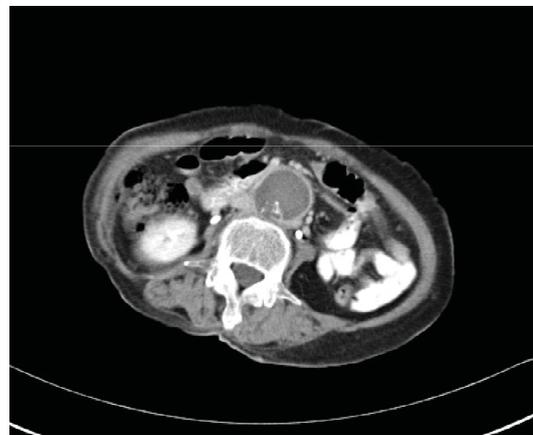


Fig. 3. CT abdomen showing resolution of psoas abscess.

### Discussion

*Salmonella* septicemia is most likely to result in *Salmonella* aortitis in the elderly who have a higher incidence of atheromatous plaques. Blood cultures were positive in 85% of cases of mycotic aneurysm. The incidence of psoas abscess in patients with infected aortic aneurysm was 4%.<sup>1</sup> *Salmonella* aortitis has a high fatality rate. Antibiotics alone are not sufficient, and complete excision of the affected

Answer: C

aorta is the key to curative treatment. However, the surgical procedures are associated with substantial mortality rates associated with the risk of recurrent infection.<sup>2</sup> In our patient, she had refused surgery. Long-term antibiotics may improve survival in patients who have undergone surgical intervention, but no randomised controlled trial has been performed. This case highlights a case of mycotic aneurysm secondary to *Salmonella* with paraortic and psoas abscess treated conservatively with patient remaining stable 6 months post discharge from the ward.

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