A Rare Complication of a Common Disease

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Figure 1: (A,B): axial slice; (C): coronal slice; (D): sagittal slice; Abdominal computed tomography showing several liquid collections (arrows) in close proximity covering the right iliopsoas muscle, the largest with a more medial location, extending inferiorly anterior to the hip joint, showing at least two gaseous inclusions (D – arrow heads), compatible with abscessed lesions.
Keywords: Iliopsoas abscess; Urinary tract infection; Escherichia coli; Sepsis

Clinical Image

Urinary tract infection is a common condition, seldom presenting with life-threatenning manifestations. The iliopsoas muscle abscess may occur by hematological/lymphatic dissemination or secondary to local infections, namely rare situations of kidney infection.

A 75-years-old woman presented with altered mental state and one-week complaints of liquid stools, decreased urinary output and abdominal discomfort. On admission, she was hypotensive, tachycardic and had abdominal pain in the right quadrants. Blood work showed anemia, acute kidney injury and increased C-reactive protein. Urinalysis had leukocyturia and she had an unremarkable abdominal/renal ultrasound. A diagnosis of urosepsis was made and she was started on supportive care and 3rd generation cephalosporin. Although Escherichia coli was isolated on blood and urine culture, the patient maintained fever and persistent aggravation, which led to switch of antibiotic on the 8th day and a prompt radiological reevaluation. Abdominal computed tomography was performed, revealing abscessed collections in the right iliopsoas muscle (Figure 1), which was submitted to CT-directed drainage and posterior isolation of Escherichia coli. The diagnosis of iliopsoas muscle abscess by bacterial translocation secondary to urinary tract infection was admitted. De-escalation of antibiotic was performed according to the antibiogram and antibiotic maintained for eight weeks, leading to apyrexia and clinical improvement.

REFERENCES