

## IMAGES IN EMERGENCY MEDICINE

## Infectious Disease

# Man with left-sided flank pain

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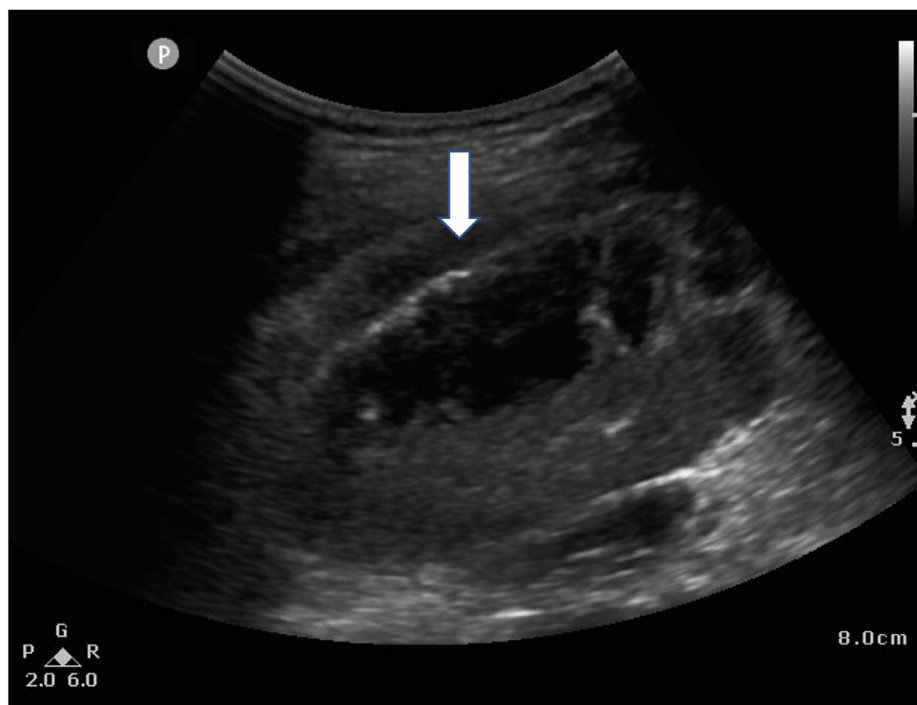
Email: [yylne.tw@yahoo.com.tw](mailto:yylne.tw@yahoo.com.tw)**KEYWORDS**

multiloculated splenic abscess, splenectomy, streptococcus

## 1 | CASE REPORT

A 35-year-old man with alcohol abuse presented to the emergency department with a 7-day history of cough and left-sided flank pain. His temperature, pulse rate, and blood pressure were 38.1°C, 104

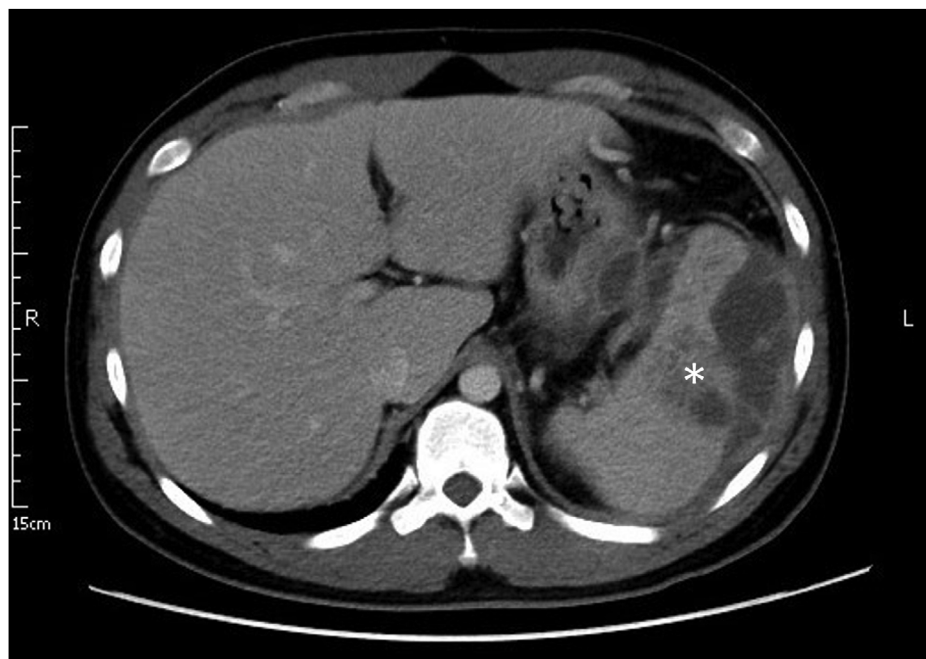
beats/min, and 134/92 mmHg, respectively. Based on physical examination, his breath sounds were smooth without crackles; whereas, the left flank region was tender to palpation. His white blood cell count, platelet count, and C-reactive protein were 17,740/ $\mu$ L, 1101  $\times 10^3$  mm, and 18.5 mg/dL, respectively. An emergency physician



**FIGURE 1** Longitudinal sonogram of the spleen with the patient in the right lateral decubitus position, showing hypoechoic to anechoic lesions (arrow).

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**FIGURE 2** Computed tomography of the abdomen in the axial view with intravenous contrast demonstrating multiloculated splenic abscess with pancreatic tail infiltration (asterisk).



**FIGURE 3** Spleen specimen measuring approximately  $14 \times 11 \times 5 \text{ cm}^3$ .

performed ultrasonography revealing heterogeneous echoic lesions in the spleen (Figure 1), and the diagnosis was confirmed by computed tomography (Figure 2).

## 2 | DIAGNOSIS: MULTILOCULATED SPLENIC ABSCESS

The patient received antibiotic treatment (moxifloxacin), laparoscopic splenectomy, and pus drainage by a surgeon (Figure 3). The tissue culture of the spleen grew *Streptococcus constellatus*.

Splenic abscess is an uncommon life-threatening disease, with incidence ranging from 0.14% to 0.7%. However, the patients are at high risk of mortality if appropriate treatment is not administered. The clinical presentation of fever, left upper quadrant tenderness, and leukocytosis is not usually present. It potentially causes misdiagnosis in patients presenting with nonspecific symptoms, such as cough, abdominal pain, back pain, and malaise.<sup>1</sup> Splenectomy is the gold standard treatment for splenic abscess. Percutaneous drainage can be an alternative therapy in patients with high surgical risk.<sup>2</sup>

## CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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