

Impending Rupture of Splenic Abscess in Enteric Fever

Splenic abscess is rare, with fewer than 500 cases reported in literature(1,2). Enteric infection as a cause of this condition is even less common with about 36 cases described in literature since 1977. The diagnosis is difficult because of its rarity, insidious onset and nonspecific clinical picture. We report a case of enteric fever with multiple splenic abscesses.

An 11 year-old male child presented with fever and pain in the left upper abdomen for 2 weeks. Patient was febrile and there was tenderness in the left hypochondrium; there was no organomegaly. Leucocyte count was 17,500/mm³. Widal test was positive. Ultrasonography of abdomen showed two well-defined hypoechoic lesions in spleen. CT scan revealed three abscesses in spleen - upper pole (50 mL), middle (20 mL) and lower pole (30 mL). Abscess in the upper pole was abutting the diaphragm and was in danger of rupture (**Fig. 1**). Splenectomy was planned in view of impending rupture. Postoperative period was uneventful. Pus culture was sterile, AFB and gram stain did not reveal any organism. Histopathology showed necrotic material with infiltrative exudates.

The usual cause of splenic abscess is hematogenous seeding of the spleen from an infective focus elsewhere. A few cases with multiple splenic abscesses caused by *S. typhi* are described. Allal, *et al.*(3) reported 400 patients with *S. typhi* and found splenic abscess in 8 (2%) cases; of these only one had multiple splenic abscess. Percutaneous

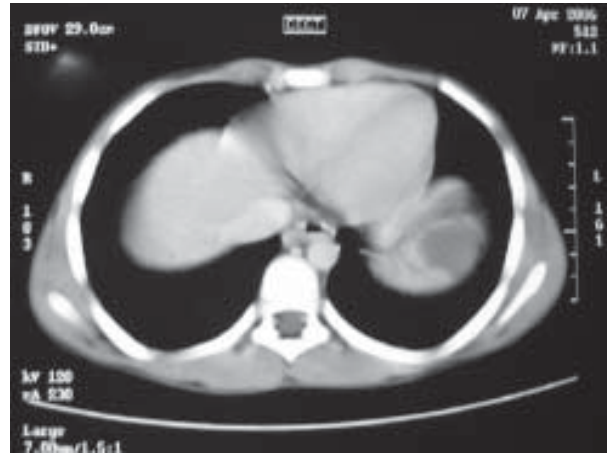


Fig 1. Contrast enhanced CT scan showing the splenic abscess in the upper pole abutting the diaphragm.

drainage is indicated for uniloculate solitary abscess without internal debris, septations and in high-risk surgical patients. Splenectomy is required in other situations. If untreated, splenic abscess may rupture and the prognosis in these patients is bleak.

Vikas Jindal and V P Singh,

*Department of Pediatric Surgery,
Christian Medical College and Hospital,
Ludhiana, Punjab 141 008, India.
E-mail: vikasjindaldr@yahoo.co.in*

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