Abstract Title: Lost in the forest : A diagnostic conundrum of a lump

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INTRODUCTION

Psoas abscess is a purulent collection in the iliopsoas muscle compartment. Primary psoas abscess is rare in females and is often misdiagnosed in the early stages.

CASE DESCRIPTION

A 43-year-old lady with underlying cholelithiasis presented to the Emergency and Trauma Department (ETD) with a 3-day history of right loin to groin pain, fever and dysuria. Upon arrival, she was afebrile, her blood pressure was 126/83 mmHg with pulse rate of 160 beats per minute. Electrocardiogram showed sinus tachycardia. Examination noted a huge, tender, non-mobile swelling on her right flank measuring 10cm x 8cm with no overlying skin changes. Right hip examination was unremarkable. Bedside urinalysis was positive for leukocytes and erythrocytes. A Point-of-Care-Ultrasound (POCUS) was performed and revealed a large right kidney, hydronephrosis and dilated renal pelvis. Combining the POCUS findings and plain abdominal radiograph which showed right nephrolithiasis, the initial diagnosis of perinephric abscess was made. Patient was given broad-spectrum antibiotics and proceeded with contrast-enhanced computer tomography (CECT) of abdomen and pelvis which revealed a large rim-enhancing multiloculated collection at the right retroperitoneal region originating from right psoas muscle measuring 11cm(AP)  x 9cm(W) x 13cm (CC), which has ruptured into right *quadratus lumborum* and posterior abdominal wall. There was also a large calculus measuring 2.3cm x 1.3cm x 2.4cm at the right pelviureteric junction causing moderate hydronephrosis and hydroureter. She underwent open drainage of right psoas muscle, which drained 1 litre of pus; and was subsequently discharged well.

DISCUSSION

The classical psoas abscess triad of fever, limp and back pain only occurs in 30% of patients, thus leading to misdiagnoses of hip arthritis, gastrointestinal and genitourinary pathologies. CECT remains the gold standard in the diagnosis of psoas abscess.

CONCLUSION

Nonspecific symptoms of primary psoas abscess frequently led to diagnostic dilemma causing treatment delay, thus increasing morbidity and mortality. Therefore, emergency clinicians should have a high index of suspicion and consider early imaging to improve patient’s outcome.

KEYWORDS

Iliopsoas abscess, psoas abscess, retroperitoneal abscess