

## POCUS : Unmasking An Undifferentiated Abdominal Pain

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**Introduction:** Splenic abscess is relatively uncommon with incidence of 0.07% to 0.2%. It carries high mortality rate especially in immunocompromised patient, often attributed by delayed in diagnosis and treatment.

**Case description:** We present a case of 50-year-old gentleman with a poorly controlled diabetes mellitus, complaining of intermittent non-specific abdominal pain, poor appetite and malaise for months. He had associated constitutional symptoms of altered bowel habit and significant weight loss for past 6 months. Due to his chronic problem, he had received few courses of outpatient antibiotic and being admitted once for left pyelonephritis. Despite all those treatments, his clinical conditions still not improved. Upon arrival, he was vitally stable, afebrile and non-toxic looking. His sugar level was 30mmol/l. Clinical examination revealed tenderness over left side of abdomen and positive left renal punch. Laboratory markers were unremarkable except for lactate of 2.6 in blood gas. Working diagnosis at that time was left diverticulitis with differential of partially-treated pyelonephritis. Bedside point-of-care ultrasound (POCUS) revealed multiple hypoechoic lesions varying sizes in the spleen. Computed tomographic(CT) imaging confirmed our initial POCUS suspicion which showed splenic abscess, largest measuring 2.2x2.5cm with subcapsular collection and perisplenic fluid. Broad spectrum antibiotic was started. Follow up case showed significant clinical improvement and melioidosis serology was tested positive for *Burkholderia pseudomallei*.

**Discussion:** The most common clinical presentations of splenic abscess include the triad of fever, left upper quadrant tenderness and leucocytosis. However, diagnosis of splenic abscess in this case was very challenging due to his presentation of non-specific abdominal pain with absence of fever and leucocytosis. His chronic bowel symptoms also indirectly lead us to malignancy rather than infective cause. In this case report, we would like to emphasize the vital role of bedside POCUS in our daily routine clinical assessments as it can unmask the hidden diagnosis and improve patient's outcome.

**Conclusion:** Bedside POCUS stands out as a valuable, easily accessible and non-invasive imaging modality to facilitate diagnosis of splenic abscess in emergency setting. Prompt and accurate diagnosis will enable early treatment thus reducing mortality and morbidity rate in Melioidosis cases.

**Keywords:** Melioidosis, point-of-care ultrasound (POCUS), splenic abscess