

LETTER TO EDITOR (VIEWERS CHOICE)

ILIOPSOAS ABSCESS IN A NEWBORN

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Keywords: Iliopsoas abscess, neonate, septic arthritis, retroperitoneal laparoscopy

A 12 days old male child born by full term vaginal delivery at home with weight of 2.7 kg presented to us with gradually progressive swelling extending from left thigh towards ankle. He was treated with antibiotics for two days before referral to us. On examination, the infant did not appear unwell and his entire left limb, more so the groin region was swollen (Fig. 1). The movements of this limb were restricted. There were no signs of inflammation. However, he cried on manipulation of the limb. Inguinal lymph nodes were enlarged on left side. Spine was normal. Provisional diagnosis of cellulitis or septic arthritis of hip was considered. He was started on ampicillin and cloxacillin intravenously. hemoglobin 13.4 gm%, white cell count of 12,700 cells/cumm (neutrophils- 60%, lymphocytes - 38%, eosinophils - 1%, monocytes - 1%), platelet count 1,99,000 cells/cumm. C - reactive protein (CRP) was negative. Ultrasound (USG) revealed 30 x 40 mm size thick echogenic area (pus) extending throughout the length of iliopsoas muscle. Left hip joint was normal. At this stage parenteral vancomycin was added. Percutaneous aspiration was done and five ml pus was drained from both anterolateral & medial aspect of the thigh. Pus culture was sterile. The neonate was diagnosed as a case of Iliopsoas abscess. Work up for immune deficiency was not done. Vancomycin was given for seven days and ampicillin-cloxacillin were given for two weeks. The neonate recovered over 2 weeks. Repeat ultrasound done after 15 days was normal.

Left thigh swelling

Primary iliopsoas abscess is uncommon in children and very rare in neonates. Only 12 cases have been reported in literature. (1) The major presenting symptoms of iliopsoas abscess are leg or groin swelling, limitation of leg motion and pain. It may coexist with spondylodiscitis (2) or septic arthritis of hip joint. (3,4)

Iliopsoas abscess may be classified as (a) primary following hematogenous spread from occult site and (b) secondary resulting from infection of spine or sacroiliac region. Ultrasound is the investigation of choice. CT scan gives precise extent of the lesion and helps in planning drainage. However, it is expensive and carries risk of considerable ionizing radiation. Treatment includes drainage of abscess and antibiotics for two weeks especially for staphylococcus aureus. (5) Surgical drainage is superior to percutaneous drainage in achieving prompt recovery. (6) Retroperitoneal laparoscopy has been reported to be successful in drainage of the abscess in elder children. (7)

Contributor Statement

All authors were involved in case management. SM drafted the manuscript that was approved by all authors.

Funding: None

Conflict of Interest : None

References :

1. Vastyam AM, Mackinnon EA. Primary psoas abscess in a neonate. *Am J Perinatol.* 2006; 23:253-54.
2. Mondal R, Sarkar S. Spondylodiscitis with primary psoas abscess in a neonate. *Indian Pediatr.* 2012; 49:681
3. Wang E, Ma L, Edmonds EW, Zhao Q, Zhang L, Ji S. Psoas abscess with associated septic arthritis of the hip in infants. *J Paediatric Surg* 2010; 45:2440-3.
4. Goyal A, Shah I. Infantile psoas abscess. *Ann Acad Medic Singapore.* 2013;42:415-416
5. Dib M, Bedu A, Garel A, Mazda K, Phillippe-Chammote P, Rajguru M, et al. Ilio-psoas abscess in .neonates: treatment by ultrasound-guided percutaneous drainage. *Paediatr Radiol.* 2000; 30:677-680.
6. Santaella RO, Fishman EK, Lipsett PA. Primary vs. secondary iliopsoas abscess. Presentation, microbiology, and treatment. *Arch Surg.* 1995; 130:1309-1313.
7. Katara AN, Shah RS, Bhandarkar DS, Unadkat RJ. Retroperitoneoscopic drainage of a psoas abscess. *J Pediatric Surg.* 2004; 39:e4-5.

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DOI No. 10.7199/ped.oncall.2015.9