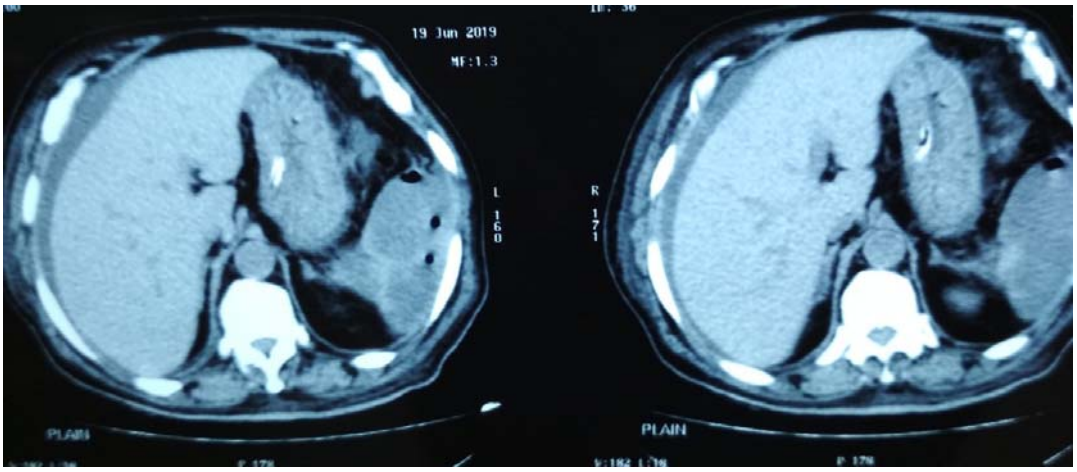
Pictorial CME

A Case of PUO

Rudrajit Paul[1], Sankha Sen[2]

A 72 year old man, a known diabetic with poor metabolic control, presented with continuous fever for 3 weeks. The fever was low grade intermittent to start with, but at the time of presentation, it was high grade (102-103°F) and nearly continuous. The hemoglobin was 6.6 g/dl, total leukocyte count 25600/cmm, neutrophil 90% and platelet count 3.5 L/cmm. There was no lymphadenopathy or organomegaly, no rash and no arthritis. The patient was given i.v. antibiotics but the fever persisted for one more week. Viral serology was negative. Then, a CECT abdomen was done (Figure below)



1. **What is the diagnosis?**
2. **What are the common aetiologies for this condition?**
3. **What is the treatment?**

Answers

1. The diagnosis is splenic abscess. As seen in this abdominal scan, there are areas of hypo-density in the spleen with two or three gas pockets. This is suggestive of splenic abscess. Early splenic abscess is sometimes difficult to discern even in contrast enhanced CT scan.
2. The etiology of splenic abscess can be monomicrobial or polymicrobial. Gram-negative organisms usually predominate. Other rare causes include Burkholderia pseudomallei, mycobacterium, candida, Brucella and sometimes, plasmodium.
3. The treatment for splenic abscess was only splenectomy earlier. But now, conservative management with i.v. antibiotics and percutaneous drainage has been found to be successful. In some reported case series, splenectomy was completely avoided with this approach. In rare cases like Melioidosis of spleen, antibiotics (i.v followed by oral) may be needed up to 3 months.

Editor's Comment :

- **In poorly controlled diabetes, PUO can be due to obscure infections like splenic abscess.**

References

1 Divyashree S, Gupta N. Splenic Abscess in Immunocompetent Patients Managed Primarily without Splenectomy: A Series of 7 Cases. *Perm J* 2017; **21:** 16-139.

2 Ng CY, Leong EC, Chng HC. Ten-year series of splenic abscesses in a general hospital in Singapore.*Ann Acad Med Singapore* 2008; **37:** 749-52.

[1]MD, DNB, MRCP (UK), Associate Professor, Department of Critical Care Medicine, IPGMER & SSKM Hospital, Kolkata 700020
[2]MD, FICP, Consultant Physician, Siliguri