

Pyogenic Psoas Abscess in a Young Infant

Pyogenic psoas abscess is a condition seen infrequently in children and is often difficult to diagnose at first presentation. Majority of affected patients are in age-group of 10-17 years(1). We report here a 6 week-old-baby with pyogenic psoas abscess.

A female baby presented on the fourth day of life with fever followed by swelling over lower limbs. The pregnancy and delivery had been uneventful.

Physical examination showed pallor with heart rate of 120/minute and respiratory rate 40/minute. Abdominal examination revealed hepatomegaly (5.5 cm) and splenomegaly (6 cm). A large retroperitoneal lump was palpable in right iliac fossa and the right renal angle was full. A uniform non-tender swelling was noted in the right thigh extending upwards till the vulva.

Investigations revealed a Hb of 7.5 g/dl, TLC of 12,800 mm³ with polymorphonuclear leucocytosis of 67%. Ultrasound and CT scan of the abdomen showed a retroperitoneal collection on the right side of abdomen. Ultrasound guided needle aspiration drew pus. Forty ml of pus was drained twice from the site, which revealed Gram positive cocci. However, pus and blood cultures were sterile. The child was treated with parenteral cloxacillin and amikacin for 6 weeks resulting in remarkable improvement. Repeat ultrasound at the end of therapy revealed resolution of the psoas abscess.

Psoas abscess is an infection of the posterior retroperitoneal compartment. It is said to be somewhat more common on the right side, though rarely it may occur bilaterally. One hundred and forty-one cases have been reported in children so far(1). The source of infection is not known in two-thirds of patients.

Pain, fever and flank mass are the commonest presenting features. However, in young children the condition is liable to be misdiagnosed. Ultrasound and CT scan are useful imaging techniques for confirming the diagnosis.

Unilocular abscesses with thin pus can be managed by ultrasound guided catheter drainage(2). However, open surgical drainage may be required when the abscesses are multilocular or the pus is thick. The most common etiologic agent is *Staphylococcus aureus*, but antimicrobial cover for anaerobes should also be provided until the culture reports are available. Complications are unusual in appropriately managed patients and are mostly related to the spread of infection

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REFERENCES

1. Bressec JS, Edwards MS. Psoas abscess in children. *Pediatr Inf Dis J* 1990; 9: 201-206.
2. Williams MP. Non tuberculous psoas abscess. *Clin Radiol* 1986; 37: 253-256.