

Case of A Huge Retroperitoneal Abscess Spanning from the Diaphragm to the Pelvic Brim

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Abstract : Retroperitoneal abscesses are a rare but serious condition with often delayed diagnosis, non-specific symptoms, multiple causes and high morbidity/mortality. With the advent of more readily available cross-sectional imaging, retroperitoneal abscesses are treated earlier and better outcomes are achieved. Occasionally, a retroperitoneal abscess is present as a huge retroperitoneal abscess, as evident in this 53-year-old male. With a background of chronic renal disease and left partial nephrectomy, this gentleman presented with a one-month history of left flank pain without any other symptoms, including fevers or abdominal pain. CT abdomen and pelvis demonstrated a huge retroperitoneal abscess spanning from the diaphragm, abutting the spleen, down to the iliopsoas muscle and abutting the iliac vessels at the pelvic brim. This large retroperitoneal abscess required open drainage as well as drainage by interventional radiology. A long course of intravenous antibiotics and multiple drainages was required to drain the abscess. His blood culture and fluid culture grew *Proteus* species suggesting a urinary source, likely from his non-functioning kidney, which had a partial nephrectomy. Such a huge retroperitoneal abscess has rarely been described in the literature. The learning point here is that the basic principle of source control and antibiotics is paramount in treating retroperitoneal abscesses regardless of the size of the abscess.

Keywords : retroperitoneal abscess, retroperitoneal mass, sepsis, genitourinary infection

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