Splenic abcess: A case report of an unusual face of sepsis

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A 28 years old young man, presented with history of febrile episode of three days duration, with no co-morbid condition on initial assessment. Fever was high grade associated with chills and rigor. He denied any history of stay in heavily malarial infested area. Evaluation confirmed him to have evidence of sepsis in the form of leucocytosis (TLC 18,000) with predominant polymorphocytosis (polymorphs=92% on DLC) with toxic granules. Ultrasonography of the abdomen revealed hepatosplenomegaly. Accordingly management comprised broad spectrum antibiotics and empirically parenteral antimalarial along with general supportive measures in the form of antipyretics. Contrary to patient's expected improvement, he started developing features of organ dysfunction, hypo-perfusion, hypotension, developed lactic acidosis, oligouria and deteriorating mental function. As hypoxia was progressively worsening, he was managed with intubation and ventilatory support in the ICU. Further radiological imaging using CT scan confirmed him to have developed splenic infarct and frank ARDS. Accordingly antibiotics were upgraded and antifungals were added to the treatment. Patient recovered after a week of intensive care and was weaned off ventilator support. However patient continued to have persistent pain in the region left upper quadrant of the abdomen. Repeat USG abdomen revealed splenic abscess with subcapsular collection. The splenic abcess rupture was confirmed with CT scan abdomen. Patient was prepared for splenectomy after pneumococcal vaccination. Patient had an uneventful post-operative phase and walked out after 45 days of hospitalisation.

Conclusion

Sepsis may have occult presentations but treating clinician should be ready to expect even rare faces of sepsis. Isolated splenic abcess is an unusual but potentially life threatening condition, and is a challenge for the clinician to diagnose early.A multi-speciality approach was the key in successful management of this rare presentation.