

Iliopsoas abscess

Abscesso de iliopsoas

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ABSTRACT

Souza et al. described one iliopsoas abscess caused by *Streptococcus agalactiae* in a primiparous at 30 years of age who, during puerperium, presented pain in the right buttock, lumbosciatalgia, lameness, swelling in the lower limb, fever (39°C), and 50,400 leukocytes/mm³. The report is well documented; however, some commentaries could underline the growing importance of infections with *S. agalactiae* in addition to iliopsoas abscesses with less common etiology.

Key words: Abscess; Psoas Abscess; *Streptococcus agalactiae*.

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RESUMO

Souza et al. descreveram um abscesso de iliopsoas causado por Streptococcus agalactiae em primípara com 30 anos de idade e que no puerpério apresentou dor em glúteo direito, lombociatalgia, claudicação, edema em membro inferior, febre (39°C) e 50.400 leucócitos/mm³. O relato é bem documentado, mas alguns comentários poderiam salientar a importância crescente das infecções por S. agalactiae, além de abscessos de iliopsoas com etiologia menos comum.

Palavras-chave: Abscesso; Abscesso do Psoas; *Streptococcus agalactiae*.

Dear Editor,

Souza et al.¹ described an iliopsoas abscess caused by *Streptococcus agalactiae* in at 30 years old patient who presented pain in the right buttock, low back pain, lameness, swelling in the lower limb, fever (39°C), and 50,400 white blood cells/mm³ at postpartum. The authors emphasized the rarity of the disease with the main etiologies - *Staphylococcus aureus*, *Escherichia coli*, *Bacteroides sp*, *Mycobacterium tuberculosis*, *Streptococcus viridans*, *Enterococcus faecalis*, and *Peptostreptococcus* in addition to its mortality rate from 2.5 to 18.9 %.¹ The report is well documented, however, some comments could highlight the growing importance of infections caused by *S. agalactiae*,^{2,3} as well as iliopsoas abscesses with less common etiology.⁴

S. agalactiae belongs to the group B of beta-hemolytic streptococci and colonizes the urinary, gastrointestinal, and genital tracts of healthy adults.^{2,3} For this reason, it has commonly been described as the causative agent of septicemia in puerperae and newborns.^{2,3} Generalized infections caused by this germ have increased in non-pregnant women and adult men.^{2,3} Abscesses are less common - subcutaneous, iliopsoas, thoracic, aortic, myocardial, epidural, renal or perirenal, subphrenic, tubal-ovarian,

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suprasternal, adrenal, and prostatic.³ The predisposing conditions related to infection by *S. agalactiae* include diabetes mellitus, malignancies, renal or hepatic impairment, use of immunosuppressants, and HIV infection.² Chaiwarith et al. (2011) reviewed data from 186 patients with infection by *S. agalactiae* and, the average age was 52 years; 54.8% women - 6.6% pregnant and 3.8% in the third trimester.² Out of 12 pregnant women, 10 presented chorioamnionitis, seven of them in the third trimester; six premature rupture of membranes occurred, two miscarriages, and one intrauterine stillbirth.² The mortality rate in the group of patients with invasive infections was 14.6%, and in most of these cases (58.3%), WBC count was above 11,000/mm³.² Out of 12 recorded deaths, eight were related to sepsis - with or without meningitis - two with arthritis, one with urinary tract infection, and one with subcutaneous tissue infection.² The authors emphasized that none of the pregnant women had infection with risk of death, a phenomenon that may be related to younger age groups and reduced occurrence of comorbidities.² Even with leukocytosis above 50,000/mm³, the puerperal woman in this case had good prognosis.¹

Recently (2015), a iliopsoas abscess caused by *Streptococcus sanguis* was described in a patient at 81-years of age, who was successfully treated with antibiotics as well as aspiration biopsy guided by CT scan images.⁴ Although he was old and with leukocytosis of 13,800/mm³, his evolution was also favorable. *S. sanguis* belongs to the *Streptococcus viridans* group, inhabitant of the oral cavity and gastrointestinal, genitourinary, and respiratory tracts, usually not a causative agent of abscesses.⁴

The adverse role of factors such as age and comorbidities are well known in the successful management

of patients with iliopsoas abscesses. In addition to antibiotic therapy, there is consensus into the performance of drainage of abscesses by surgery or aspirative puncture.¹⁻⁵ However, there are reports of favorable results in iliopsoas abscesses, including those caused by *S. aureus*, using only antibiotics without conducting drainage of purulent content.⁵ This patient, diabetic and weak, could not be submitted to an invasive surgery, and there were no technical conditions that would allow the introduction of a draining catheter.⁵

Because the diagnosis is achieved through sophisticated imaging exams, and some abscesses are cured only with antibiotics, it is possible that the actual frequency is greater than estimated. This hypothesis may deserve further reflection, especially in non-industrialized regions.

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