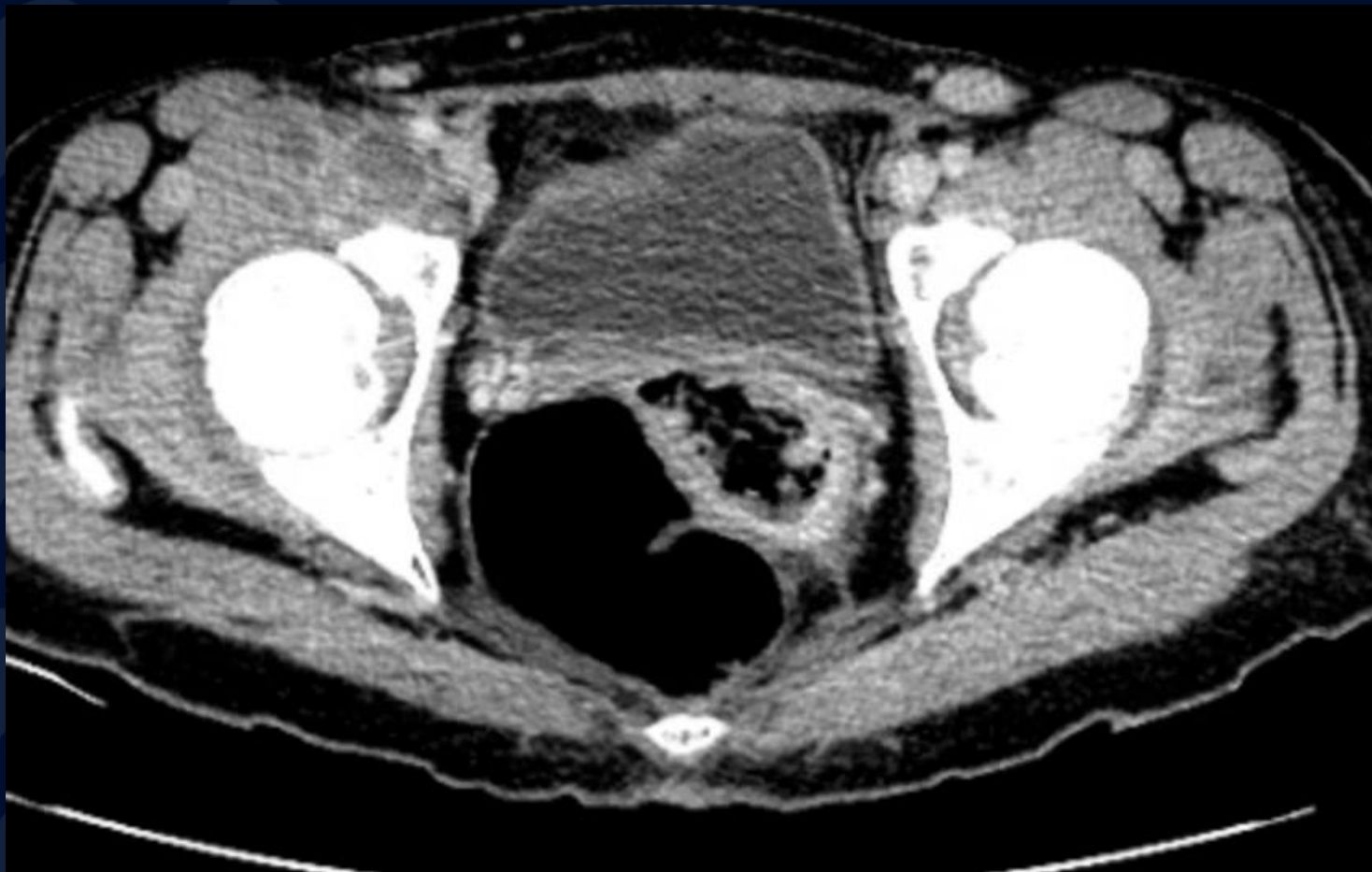


31-year-old IVDA being treated for endocarditis presents with fever and tachycardia

John J. DeBevits IV, MD











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Psoas muscle abscess

Well-rounded, peripherally enhancing area of hypoattenuation tracking along the path of the right psoas muscle



Well-rounded, peripherally enhancing area of hypoattenuation tracking along the path of the right psoas muscle



Well-rounded, peripherally enhancing area of hypoattenuation tracking along the path of the right psoas muscle

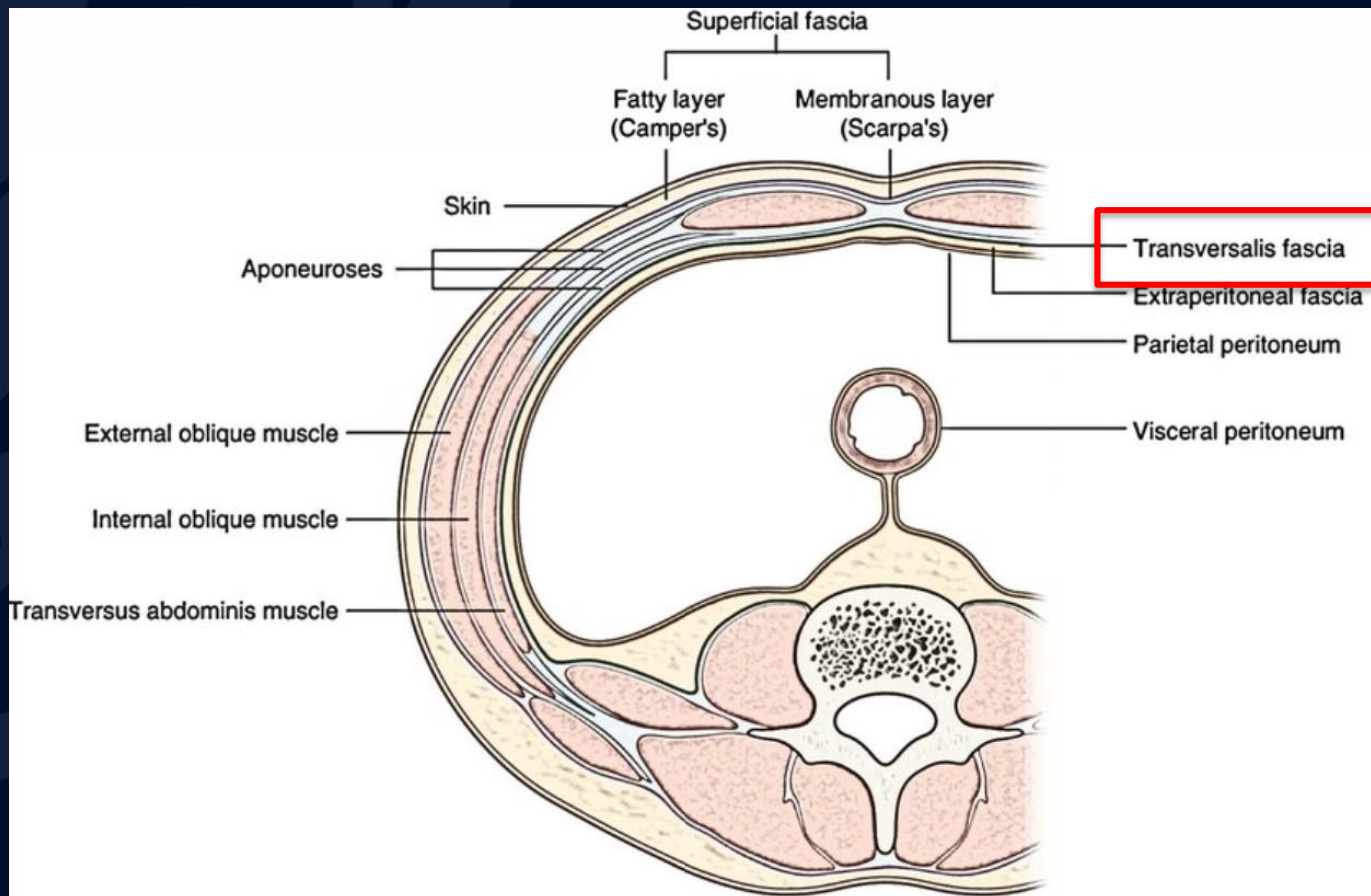


Well-rounded, peripherally enhancing area of hypoattenuation tracking along the path of the right psoas muscle



Psoas muscle abscess

Fluid collection in the retrofascial space (posterior to the transversalis fascia, the posterior boundary of the retroperitoneum)



Psoas muscle abscess

- May present with fever, flank pain, abdominal pain, or limp
- May occur primarily as a result of hematogenous spread of infection in setting of:
 - DM, IVDA, AIDS, renal failure, immunosuppression
- Secondary causes may result from spread of infection from a gastrointestinal disease:
 - Appendicitis, diverticulitis, Crohn's disease, or perforated colon carcinoma
- Also occur from spread of renal disease, or as result of neighboring spondylodiscitis
- CECT diagnostic 80-100% of cases
- Treatment may be with drainage, typically CT-guided, but may use ultrasound as well

References

1. Gervais DA, Ho CH, O'Neill MJ et-al. Recurrent abdominal and pelvic abscesses: incidence, results of repeated percutaneous drainage, and underlying causes in 956 drainages. AJR Am J Roentgenol. 2004;182 (2): 463-6.