

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

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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

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# Psoas muscle abscess

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





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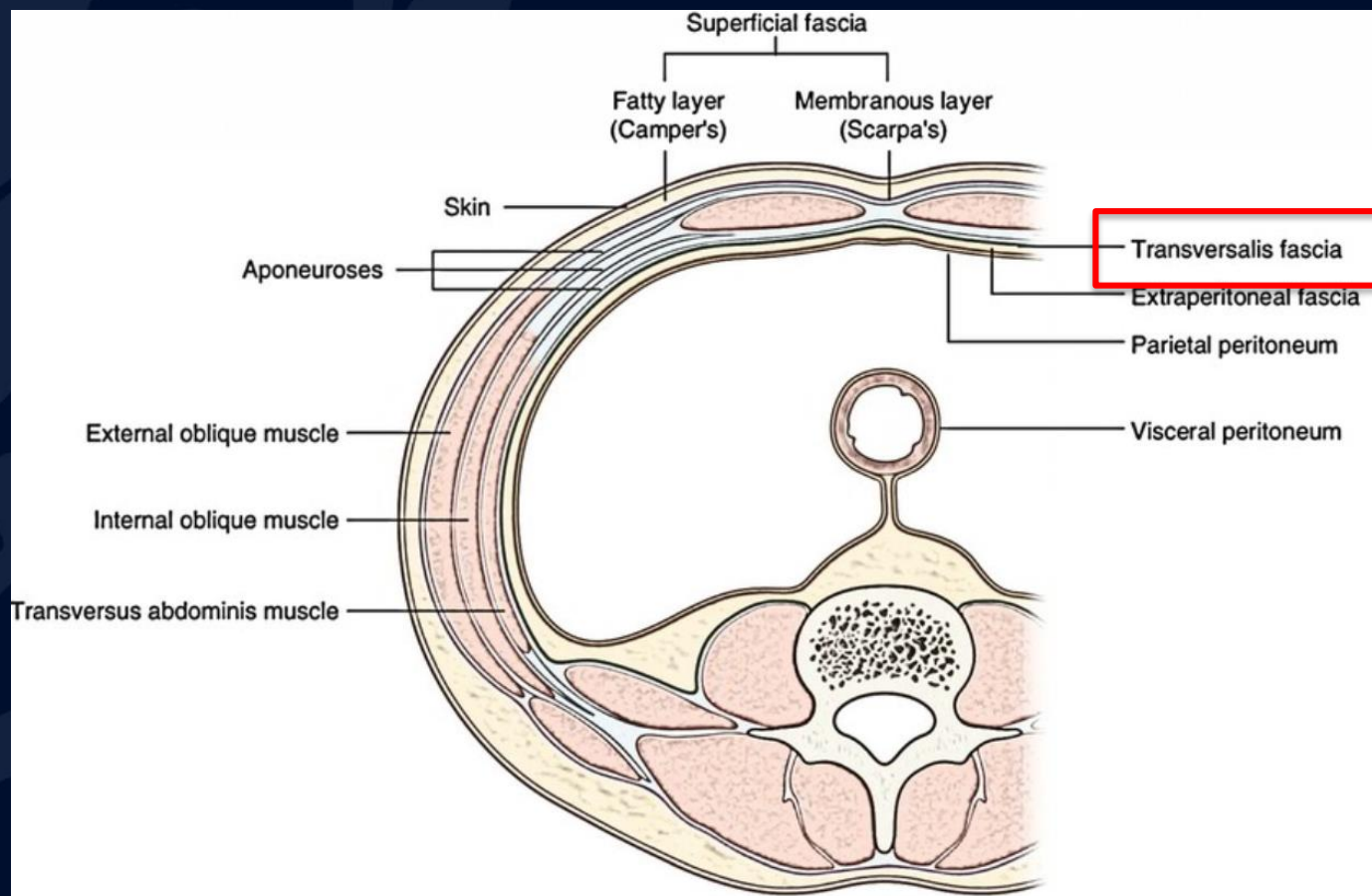


Well-rounded, peripherally enhancing area of hypoattenuation tracking along the path of the right psoas muscle



# 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.