



SPLenic ABSCESS DIAGNOSIS AND TREATMENT – A REVIEW

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KEYWORDS :

Sir,

Splenic abscess is a rare entity with a high mortality rate when left untreated. Mortality and the morbidity can be lowered if the condition is managed appropriately. The clinical manifestations of splenic abscesses usually include left upper abdominal pain, fever, nausea, vomiting and anorexia.

Recognized risk factors include conditions that compromise the immune system, such as endocarditis, transplantation, diabetes mellitus, congenital or acquired immunodeficiency and the administration of immunosuppressive medication². Prior trauma and intravenous drug abuse are the additional predisposing factors for splenic abscess formation³. Imaging is necessary to facilitate diagnosis which includes ultrasound and computed tomography of the abdomen with contrast.

Splenic abscess is a very rare condition, with a documented frequency of 0.14-0.7% on necropsy. The reported mortality rate is very high, reaching up to 47%, and can even reach 100% in patients who do not undergo treatment. Appropriate management can reduce the mortality in 14%. Adequate and detailed history, early diagnosis with high suspicion and prompt treatment improves the prognosis^{4,5}.

Patients with splenic abscess may present with fever, abdominal pain and nausea/vomiting and anorexia. Solitary splenic lesions are unusual and multiple splenic lesions whether of infectious or inflammatory origin are also rare. Multiple splenic abscesses are still extremely rare findings in the clinical practice encountered mostly in immunocompromised patients and in those with underlying malignancies.

Ultrasound is used as an initial diagnostic modality, which is often followed by CT scan. Ultrasonography is sometimes unable to differentiate between abscess and infarct and in such cases computed tomography is the investigation of choice. Splenic abscess on computed tomography is represented as a focal area of low attenuation without inflammatory rim.

The various modalities for treatment of splenic abscess include antibiotic therapy with or without splenectomy, percutaneous drainage or aspiration or antibiotic therapy alone⁴. But better outcome was found in patients with splenectomy than patients with percutaneous drainage or aspiration in solitary splenic abscess.

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