VOLUME - 10, ISSUE - 04, APRIL- 2021 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

General Surgery

A RARE CASE OF COLONIC DIVERTICULITIS PRESENTING AS PSOAS ABSCESS

Dr. B. Santhi

Dr. S. Dharmarajan

Dr. T. Gokul* *Corresponding Author

ABSTRACT Colonic diverticulitis is a rare cause of psoas abscess. It presents, more frequently in frail elderly patients, with heterogeneous signs and symptoms which hamper the clinical diagnosis. Colonic retroperitoneal perforation may be consequence of colonic diverticulitis. Due to the anatomy of the retroperitoneal space and different physiopathology, diverticular perforation may present with pus collection. We reported a case of colonic diverticulitis presenting with psoas abscess later it perforate and produce feculent discharge in drain. Aim of this report is to improve differential diagnosis based on clinical signs.

KEYWORDS :

CASE REPORT

A 73 year old male presents with difficulty in walking and pain in right groin and right lumbar region for 10 days. History of fever, abdominal pain present. 3 days back patient was treated in another hospital , there they took ultrasound and diagnosed him as psoas abscess and pigtail drainage was done. About 100ml of pus drained . Next day patient got discharged from the hospital after removal of pigtail for personal reasons. Now patient presents to us with pain in lumbar region. Patients abdomen is soft, no guarding, no rigidity , bowel sounds present and patient is passing stools normally. MRI spine is taken to rule out Potts spine which is found to be normal. CT abdomen taken which shows right side psoas abscess with multiple colonic diverticulum with inflammation and suspected perforation. Under anesthesia incision made in lumbar region and pus drained by retroperitoneal approach tube drain is kept. Third day following surgery patient has feculent discharge from the drain. Patient has tachycardia, abdomen soft, no guarding, no rigidity. Patient taken up for emergency laparotomy, abdomen opened and peritoneal cavity is found to be normal with no collection. The white line of toldt opened , caecum and ascending colon mobilized. Fecal discharge is found retroperitoneal region coming from perforated diverticulum in ascending colon. Right hemicolectomy done with illeotransverse colon anastamosis. Loop illeostomy done to defunction the anastamosis. Patient discharged .

Fig 1 . Specimen showing site of perforation.

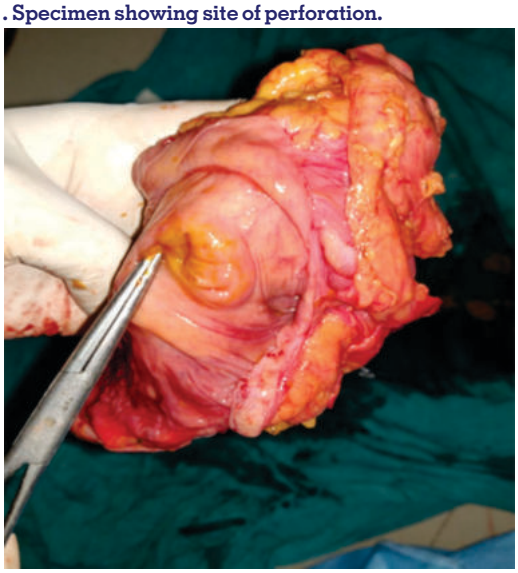


Fig 2 . Resected specimen

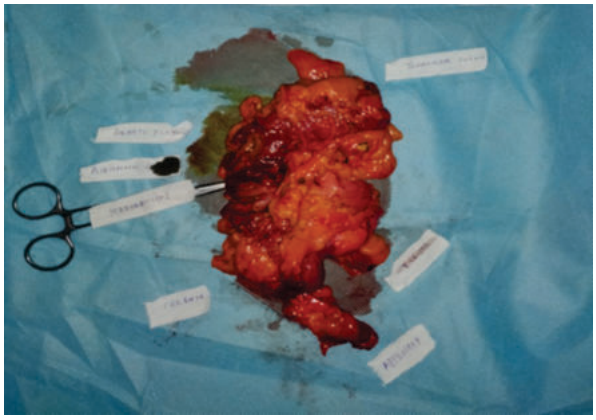
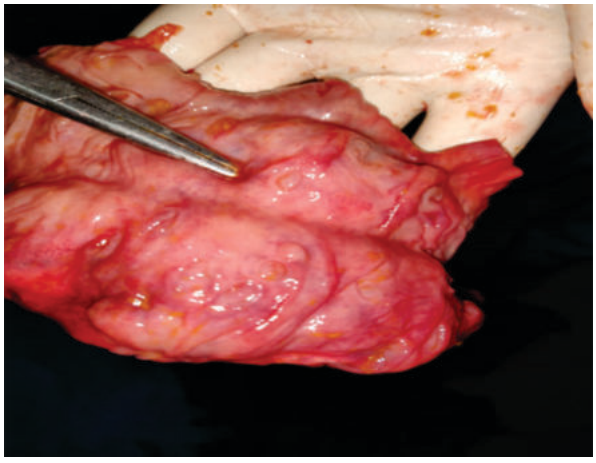


Fig 3 . Specimen showing multiple diverticulosis



DISCUSSION.

A retroperitoneal abscess from colonic perforation is an unusual event. The presence of air or pus in the soft tissues of the body represents a particular sign of retroperitoneal colonic perforation. The anatomical site of perforation could determine the route of spread of the pus in the retroperitoneum. Perforations of large bowel are rare but cause severe complications with overall mortality about 17%. Retroperitoneal colonic perforation is a rare clinical condition, and people of any age and sex can be affected. From our experience and from the review of international literature they appear to have a higher mortality rate. In fact, in this case the diagnosis is often delayed and patient have multiple

comorbidities.

The most common cause of colonic retroperitoneal perforation is diverticular disease. In the past, the most frequent retroperitoneal abscesses were the "cold" ones in tuberculosis, whereas today the "hot" ones are secondary to Crohn disease, pyelonephritis, and diverticulitis prevailed. The incidence of perforation ranges from 3% to 10% of all colon cancers. Colon cancer perforation results in local infection and/or systemic sepsis. Colonic cancer usually has intraperitoneal spread andits spread in the retroperitoneal direction is relatively rare. Thus, an infrequent presentation is the abscess of the psoas muscle caused by perforation of a colon cancer with an incidence estimated between 0.3% and 0.4%. When colonic pathology causing psoas abscess it is more likely to be diverticulitis than malignancy.

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