



## Case Report

### NONSURGICAL MANAGEMENT OF ABSCESS OF THE SPLEEN IN GERIATRIC PATIENT: CASE REPORT AND REVIEW OF LITERATURE

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#### ABSTRACT

In this case report, we present an event of a 65-year-old man with a diagnosed that, increased spleen size 120×90mm with two hypo echoic lesions with areas of cystic degeneration of sizes of 45×36mm (35 ml) noted in upper poles and 49×40mm (65 ml) noted in lower poles of spleen by ultrasonographic images. The spleen abscess formation may due to infections, but the splenic hilum is normal. We expectantly managed the patient's by treated with intravenous antibiotics for 7 days. Finally, the patient has extubated successfully and discharge from hospital. Treatment was well with, one month followed up. There has been no evidence of recurrent infection

**Keywords:** Splenic abscess, ultrasonographic image, antibiotics

#### INTRODUCTION

Splenic abscess is phenomenal, happening in 0.14% to 0.7% of autopsy examination studies. It is a difficult condition and its result is frequently lethal if left untreated. The disease is thought to be developing in recurrence and changing its pattern in the view of the expanding number of immune-compromised patients<sup>1-2</sup>. Occurrence of splenic abscesses is moderately expanded among intravenous drug addicts. On the other hand, splenic abscesses are most phenomenal in overall public. From an epidemiological prospective, they are all the more as often as possible identified in middle-aged and older peoples, without any undeniable inclination for either sex. The vast majority of allude to patients with recognized risk factors. These incorporate the synchronous presence of conditions that compromise the immune system, for example endocarditis, diabetes mellitus, congenital or acquired immunodeficiency and the administration of immunosuppressive drugs (e.g. post-transplantation or as a major aspect of the treatment of connective tissue disorders)<sup>3-7</sup>. Trauma is an additional predisposing factor for splenic abscesses<sup>8</sup>. This study shows a normal conservative treatment with antibiotic therapy for splenic abscess.

#### CASE REPORT

This case report was prepared after taking an informed consent of this patient, and special permission got to carry out the case report for publication from Dr.M.Santhiramudu, Founder & Chairman of Santhiram medical college, Nandyal, Kurnool district, Andrapradesh. According this case report a 65 year old man was admitted with a complaint of pain on and off in left quadrant side of abdomen since 4 months. Which is sudden in onset throbbing type radiating to back. The patient recognized two other major symptom such as vomiting, nausea or fever. The patient also had not a history of diabetes mellitus, hypertension, asthma and pulmonary TB. Simultaneously bowel movement, micturiation, sleep appetite is normal. Two months

earlier, he had been analyzed with urine samples, all the results are normal.

On local examination, the shapes of the abdomen, position of the umbilicus, hernia orifices are normal there is no enlarged veins and sinus also. Systemic examination shows a grade 1 systolic murmur was noted. The result of neurological examination was normal.



Figure 1: Ultrasound abdomen showing cystic degeneration in the splenic abscess.

An ultrasonographic imaging of the abdomen shows the increased size spleen size 120×90mm with two hypo echoic lesions with areas of cystic degeneration of sizes of 45×36mm (35 ml) noted in upper poles and 49×40mm (65 ml) noted in lower poles of spleen that indicated the spleen abscesses due to infections but the splenic hilum is normal.

The patient was treated with intravenous amoxicillin plus clavulanic acid combination (AUGPEN 1.2 GM) and gentamicin antibiotics for 7 days. Finally, the patient has extubated successfully and discharge from hospital. Treatment was well with one month, followed up. There has been no evidence of recurrent infection.

## DISCUSSION

Splenic abscesses are an uncommon disease, in spite of the fact that their occurrence is expanding, probably because they are more as often as possible detected because of the utilization of current imaging modalities. The most widely recognized organisms play the important role in splenic abscess is high impact aerobic micro organism, specifically staphylococci, streptococci, Salmonella and Escherichia coli<sup>9</sup>.

The clinical appearances, laboratory diagnosis, imaging are appeared, in fact, that's all the symptoms (e.g. presence of fever, abdominal pain characteristic nausea and vomiting) depicted by the patients are included in the most frequent clinical finding records gave by other reported studies, which prove that the current general understanding of the splenic abscess accurately.

The patient was treated with antibiotics for 7 days. Indeed, a detailed medical history and clinical examination were performed initially and post-diagnosis, in an attempt to reveal any of the factors known to be associated with the development of abscesses in the spleen and other organs. However, no such findings have occurred. Finally, the patient has extubated successfully and discharge from hospital. Treatment was well with one month followed up. There has been no evidence of recurrent infection.

Even though, the we recommend still to diagnosis for the patient to the identification of common pathogens present in the abscess itself (for example of Streptococcus and Staphylococcus spp., Escherichia coli, salmonella and etc), may imply that vital part, which contribute to the etiology of the disease, through that we still minimize the adverse effects for this particular patient. Their exact nature and involvement in immunity modification and regulation of the reaction to infectious agents remains to be determined in the future.

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