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Splenic Abscess due Salmonella Typhimurium: A Case Report

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Abstract

Background

Splenic abscess is an uncommon clinical entity, often secondary to hematogenous dissemination from infective endocardi- tis or other sources. Salmonella spp., although a rare cause, can lead to splenic abscess formation, particularly in immunocompromised individuals.

Case Presentation

A 74-year-old male with a medical history of diabetes mellitus and chronic obstructive pulmonary disease (COPD) presented to the emergency department with dyspnea and abdominal pain. Laboratory tests revealed significantly elevated inflamma- tory markers. Imaging studies, including abdominal ultrasound and computed tomography (CT) scan with contrast, identified an oval- shaped, mixed echostructure abscess in the splenic region measuring 74 x 71 mm. An ultrasound-guided percutaneous drainage proce- dure yielded approximately 150 cc of purulent fluid, which was cultured for microbiological analysis. Gram staining of the culture re- vealed Gram-negative, rod-shaped bacteria, and further microbiological investigation identified the organism as Salmonella Enteritidis spp., later confirmed to be a monophasic variant of Salmonella Typhimurium by the Regional Salmonella Typing Center using ISO 6579-3 serotyping.

Management and Outcome

The patient was successfully treated with combination of percutaneous drainage and broad-spectrum an- tibiotics

Conclusion

This case underscores the importance of considering Salmonella spp. in the differential diagnosis of splenic abscesses, par- ticularly in patients with underlying health conditions. Early diagnosis and appropriate management, including percutaneous drainage and targeted antibiotic therapy, are crucial for favorable outcomes.

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