

Massive Retro-Peritoneal Cold Abscess originating from Terminal Ileum: A Case Report

Mohammed Eldin *, Mahesh Baj **

* Consultant General Surgeon:

Roscommon County Hospital, Ireland

** Consultant Radiologist:

Roscommon County Hospital, Ireland

ABSTRACT

We report a massive retroperitoneal cold abscess in a 55 years old Sudanese male arising from terminal ileum. The patient was managed successfully through retroperitoneal approach and drained the thick white cheesy material. Subsequently, patient was successfully treated with anti-tubercular chemotherapy.

Tuberculosis is a common disease in patients of African and Asian origin and in the underdeveloped countries. Its incidence is rising in the Western world and developed countries also due to greater movement of people and increased incidence of AIDS.

CASE PRESENTATION

A 55-year-old non-smoker, Sudanese male patient was referred from a district hospital to our teaching hospital with heavy sensation on the right side of abdomen. His main complaint was right sided abdominal swelling, which was growing slowly over the past five years. It was associated with discomfort, which got worse a few months before he presented to the hospital. He had no weight loss.

On initial examination, patient looked well, with no pallor or jaundice. No upper gastro-intestinal symptoms. Bowel movements were regular with no signs of constipation.

Chest was normal on auscultation. Abdominal examination revealed an obvious swelling on the right side of abdomen extending from the right upper quadrant to the right iliac fossa. The swelling was crossing the mid-line. The lower edge of the mass was not palpable.

The mass was non-tender, with smooth surface and firm on palpation.

Spleen was not palpable. No other mass was identified in the abdomen and pelvic region.

There was no evidence of cervical, axillary or inguinal lymphadenopathy. On detailed examination, other vital signs were normal.

Apart from high ESR (90mm) the rest of the parameters were within normal limits.

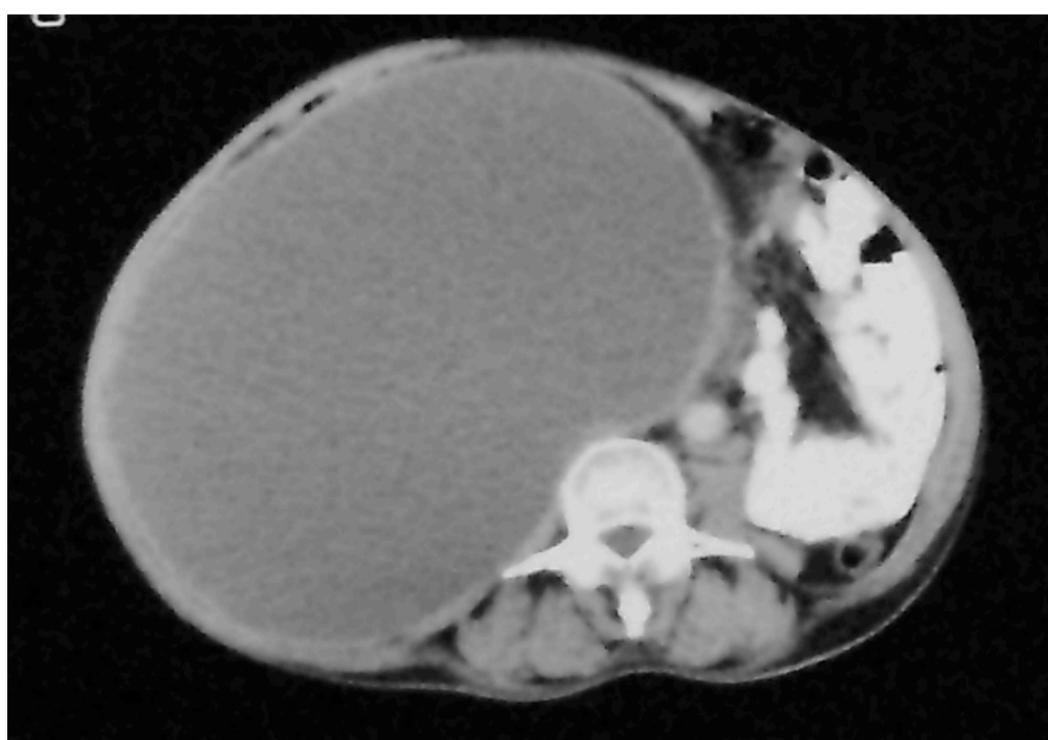
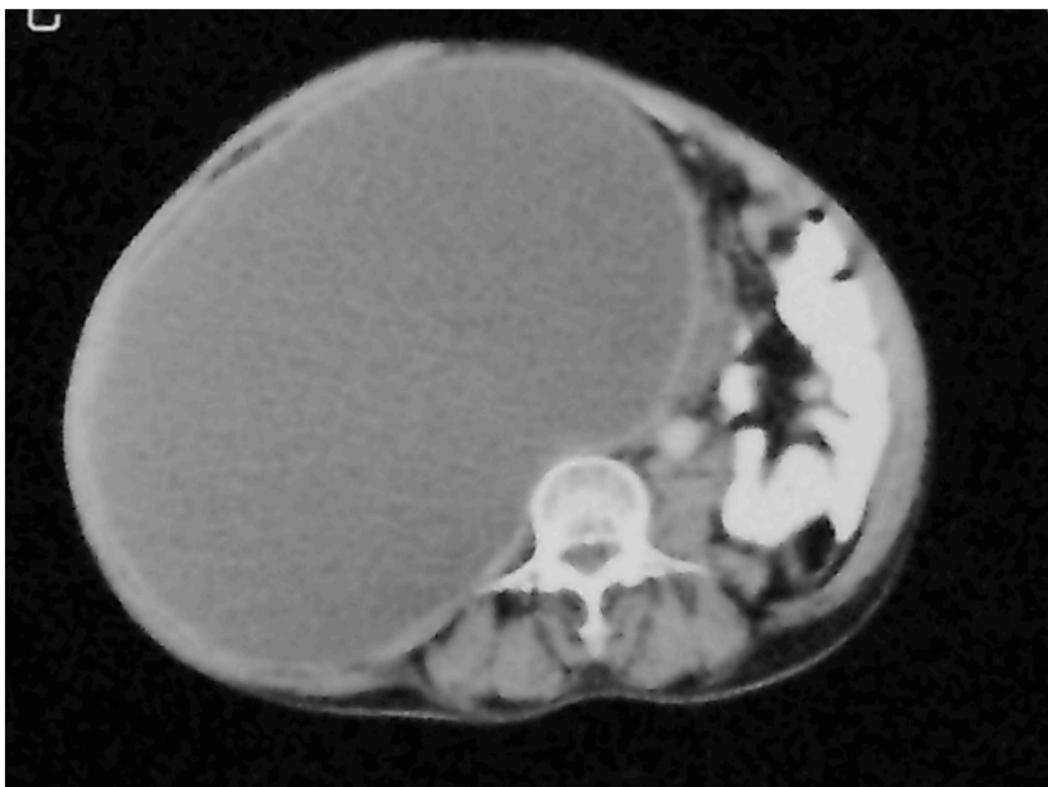
X-Ray chest was normal with no signs of any pathology including recent or

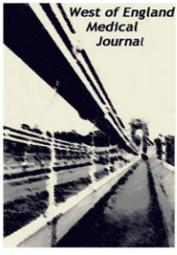
old tubercular pathology.

Plain Abdomen radiograph showed a massive soft tissue mass on the right side extending from pelvis to upwards and shifting the bowel loops to left side. The vertebral column was unremarkable. Ultrasonography revealed a massive cystic structure with internal echoes, was occupying the right side of abdomen extending from pelvis. The liver, gallbladder, pancreas and kidneys were unremarkable.

CT of the Abdomen was performed (see figures 1a and 1b below).

Figures 1a and 1b: Massive Cyst in the right side of the abdomen with calcified rim at places and extending to the pelvis.





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This showed a large well defined retroperitoneal cystic structure occupying the right side of abdomen and shifting the bowel loops to the contralateral side. The well defined cystic structure contained debris with a slightly higher CT density than water. At places, there was surrounding broken calcified rim as well. The vertebral column did not show any signs of Pott's disease. No definite diagnosis could be made and malignancy was at the top of list in DD.

The patient was prepared for surgery. The mass was completely retroperitoneal containing white cheesy material of 8 litres in volume. Accidentally the peritoneum was opened during the operation. On palpation of the bowel, a mass was found on the terminal ileum. The mass was left in situ and the peritoneum closed. All the abscess was drained. Material was sent for culture and Zeil Nelson stain, and the was patient started immediately on anti-tuberculous drugs.

Result of the culture was positive for tuberculosis. Patient was reviewed in the outpatient department after three months and he made an uneventful recovery.

DISCUSSION:

Cold abscess is an uncommon manifestation of tuberculosis. Most of the cases of cold abscess have been reported with the insolvent of spine (Pott's disease), retropharyngeal abscess, retroperitoneal abscess and psoas abscess. To the best of our knowledge, only a single case was reported with ruptured tuberculous mesenteric abscess. Another massive retroperitoneal tubercular abscess was mimicking abdominal aortic aneurysm.

Despite an extensive search of the literature, to the best of our knowledge, not a single case has been reported for a retroperitoneal cold abscess originating from the terminal ileum.

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