



IMAGE OF THE MONTH

Massive splenic abscess secondary to haematogenous dissemination of *Clostridium glycolium*[☆]



Absceso masivo esplénico secundario a diseminación hematológica de *Clostridium glycolium*

Helena Gómez*, Sergio González, Daniel Coronado, Ruth Ribas

Unidad de Cirugía Hepatobiliopancreática, Consorci Sanitari Integral, Hospital Moises Borggi, Sant Joan Despí, Barcelona, Spain

A 69-year-old male with multiple comorbidities, including chronic myelomonocytic leukaemia treated with hydroxyurea, not undergoing follow-up since 2014.

The patient attended the Emergency Department with symptoms of fever that had been ongoing for 12 h, accompanied by abdominal pain. Upon physical examination, there were no apparent abnormalities, but he presented pain in the left side, with no signs of peritoneal irritation. Blood cultures revealed the growth of gram-positive anaerobic bacteria, so empirical meropenem was initiated. After less than 24 h, hypotension, oliguria and metabolic acidosis occurred. This pointed towards septic shock of a probable abdominal origin and an abdominal CT scan was performed, as shown in Fig. 1.

The patient was transferred to the ICU for stabilisation and then underwent emergency surgery with an exploratory laparotomy. Splenomegaly, liquefaction and gas in the splenic parenchyma were observed, along with a splenic rupture and abundant gas in the retroperitoneal space. A splenectomy was performed, and the postoperative outcome was favourable. The patient's blood cultures tested positive for *Clostridium glycolium*.



Figure 1 Abundant free and retroperitoneal gas dissecting up to the gastroduodenal junction. No significant intestinal alterations observed. The spleen shows low overall uptake and abundant gas within. Permeable portal vein and splenomesenteric axis, with sparse bubbles in the splenic vein. Mild ascites accumulating in the left paracolic gutter.

The final diagnosis was sepsis due to a massive splenic abscess secondary to haematogenous dissemination of *Clostridium glycolium*.

Clostridium glycolium was first described in 1963. It forms part of the intestinal microbiome in animals and humans. Fewer than 10 cases of infection have been described in humans. Its pathogenic behaviour occurs in relation to a state of immunosuppression and it usually spreads via the haematogenous route, originating in the digestive tract.

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* Corresponding author.

E-mail address: helena-gomez@hotmail.es (H. Gómez).