Recurrent psoas abscess secondary to Crohn's fistula disease

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A 33-year-old female was referred for right hip pain associated with sepsis. A computed tomography (CT) scan showed a right-sided psoas abscess (Fig. 1) which was debrided and drained. She presented two years later with a CT scan showing a similar right-sided psoas abscess, now associated with a fistula tract communicating with the ascending colon (Fig. 2). The abscess was drained and a colonoscopy performed revealing signs of Crohn's disease. An elective right hemicolectomy was performed (Fig. 3) with an uncomplicated recovery.

Fig. 1 CT abdomen, sagittal view demonstrating a large right psoas abscess. Abscess in green circle

Fig. 2 CT abdomen, axial view demonstrating fistula tract between the posterior mid-ascending colon and right psoas muscle. Fistula tract outlined by green arrows

Fig. 3 Operative specimen from the right hemicolectomy demonstrating the fistula tract originating from the posterior wall of ascending colon. Probe inserted into fistula tract. Appendix, terminal ileum and ascending colon labelled

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