



Multiple Splenic Abscesses in an Immunocompetent Host

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To the Editor: Pleuropulmonary and splenic complications are rarely reported in enteric fever in immunocompetent individuals in pediatric population [1]. Due to the rarity of the disease, definitive guidelines for the management of splenic abscess are still lacking. There has been a shift in the management of multiple splenic abscesses towards conservative management. Ruptured splenic abscesses without signs of peritonitis are also being managed conservatively [2]. We report a case of splenic abscess with empyema in an immunocompetent adolescent managed conservatively.

A 16-y-old boy with no significant medical history presented with high-grade fever for seven days and left-sided lower chest pain. On abdominal examination, the patient had hepatosplenomegaly with tenderness in the left hypochondrium. Chest X-ray showed left-sided pleural effusion for which an intercostal drain was put. CECT of the abdomen revealed numerous hypodense lesions in the spleen, with the largest measuring 136.7 × 63.1 × 113.8 mm (volume 480 cc) with left-sided pleural effusion and consolidation. Blood and pleural fluid isolated *Salmonella typhi*, and antibiotics were changed as per the sensitivity report. USG-guided splenic aspiration was done, which yielded around 200 ml of pus. While there was a gradual decrease in fever spikes, complete defervescence was achieved only after three weeks. Despite the persistence of the fever, a conservative approach was continued, given the improving clinical condition of the child and the potential complications associated with splenectomy. The patient was discharged after completing four weeks of IV antibiotics, followed by two weeks of oral antibiotics. Follow-up CT after six weeks revealed a 40-cc hypoechoic lesion in the spleen with no internal echoes.

Multiple or loculated abscesses respond to antibiotics alone, but splenectomy has been advocated in certain scenarios [3]. However, a conservative approach should be given a fair trial considering the potential risks of splenectomy [2].

Declarations

Conflict of Interest None.

References

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