

A Case of Pelvic and Right Iliac Fossa Abscess: A Diagnostic Dilemma

Dr. Pratik Dash¹

Second Year Resident Doctor

¹Department of General Surgery, PDU Medical College & Hospital, Rajkot

Dr. J.G. Vagadiya²

Associate Professor

²Department of General Surgery, PDU Medical College & Hospital, Rajkot

Dr. J.G. Bhatt³

Professor & HOD

³Department of General Surgery, PDU Medical College & Hospital, Rajkot

Dr. Binoy Behera⁴

Third Year Resident Doctor

⁴Department of General Surgery, PDU Medical College & Hospital, Rajkot

Dr. Hiral Chaudhary⁵

Senior Resident Doctor

⁵Department of General Surgery, PDU Medical College & Hospital, Rajkot

Abstract:- RIF abscess is an intriguing condition which can possibly be life compromising. It can prompt sepsis whenever cracked. Regularly, these abscesses are overseen through a blend of clinical and careful surgical intervention. Herein, we report a pelvic and RIF abscess which was dealt laparoscopically.

Keywords:- Pelvic Abscess, Right Iliac Fossa (RIF) Abscess.

I. INTRODUCTION

Intra-abdominal and pelvic abscesses can be created as a result of various etiologies. Regularly, these abscesses are overseen through a blend of medical (antibiotics) and surgical (drainage) interventions. This is a case report of a pelvic and right iliac fossa abscess which was imitating an appendicular abscess and was depleted by laparoscopic methodology.

II. CASE REPORT

We report the instance of a 53 years old female patient presented to our surgical emergency with pain abdomen which was moderate to intense in nature and localised to right ileac fossa region and was associated with fever with nausea and vomiting. There was no history of any surgical interventions in the past or any associated comorbidities.

Upon per abdomen examination of this patient a 6cmx4cm sized palpable lump was noted in RIF region. We conducted a series of radiological investigations which revealed a 69mm x 55mm sized hypodense lesion in right lower abdominal wall muscle, extending intraperitoneally to RIF. Another 99mm x 72mm sized intraperitoneal lesion was noted in pelvic cavity in midline at anterior aspect.



Fig 1 CT-Scan Showing Abscess in Anterior Abdominal wall Communicating Intraperitoneally



Fig 2 CT-Scan Showing Intraperitoneal Abscess

Patient was then taken for diagnostic laparoscopy. Adhesions between omentum and abdominal wall noted intraoperatively and adhesiolysis with drainage of 10 cc pus was drained. Omental biopsy was suggestive of chronic inflammatory changes. Patient was discharged on post operative day 10, with out-patient management.



Fig 3 Intra-Op Picture of Pus Drainage from RIF Abscess

III. DISCUSSION

The pelvic abscess is a rare condition and is usually located posteriorly [1]. However, our case was presented deep in the pelvic region anteriorly. Pain/tenderness, abdominal distention, fever, anorexia, tachycardia, and leukocytosis are common symptoms of an intra-abdominal abscess [2]. The ideal approach for pelvic abscess management should be safe, effective, minimally invasive, cost-effective, and it should not affect fertility as much as possible [3]. There are various approaches to draining the pelvic abscess, including laparoscopy, laparotomy, and imaging-guided drainage [1].

IV. CONCLUSION

Pelvic abscesses are managed mainly through a combination of medical and surgical procedures. Here the patient was treated laparoscopically for pelvic and RIF abscess.

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