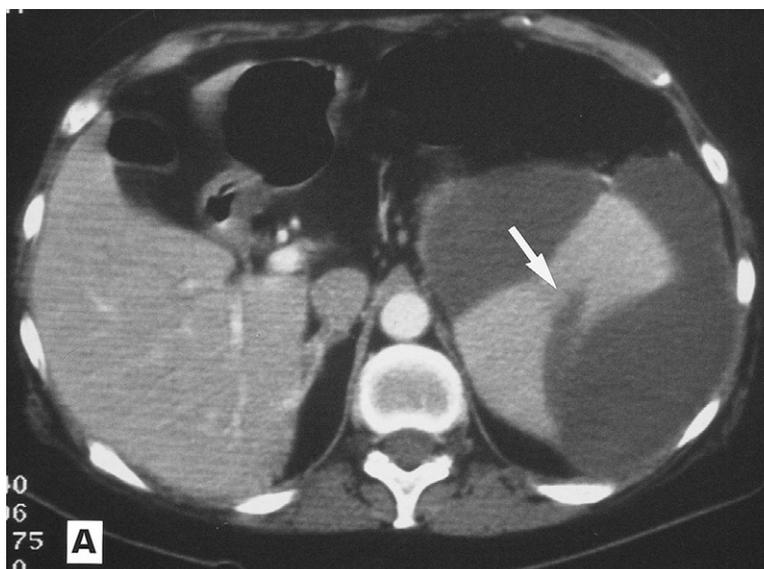


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Clinical picture: Subphrenic abscess and rupture of the spleen

Alexander Woywodt, Jan Thomas Kielstein, Michael Winkler



A 68-year-old female patient was admitted with fever and lassitude. She had a long history of schizophrenia and lived in a psychiatric hospital. She was alert but appeared confused and acutely ill. She could not answer simple questions. Her blood pressure was 90/60 mm Hg, pulse 120/min and temperature 39.2°C. The chest was clear but left subcostal tenderness was noted. She had an elevated leukocyte count and C-reactive protein. Abdominal computed tomography (figure) showed a ruptured spleen (arrow) and free fluid below the left hemidiaphragm. We did a laparotomy and a splenectomy, and found a left-sided subphrenic collection of purulent fluid. Examination of the specimen showed a large infected haematoma, an abscess of the splenic parenchyma and fresh rupture of the capsule. Cultures grew *Streptococcus viridans* but echocardiographic studies failed to demonstrate any evidence of endocarditis. The patient made an uneventful recovery. Subphrenic abscess is a classical cause of fever of unknown origin. Eventually, it transpired that the patient had received aspirin and low-molecular weight heparin and fallen repeatedly. The psychiatric disease of our patient and her inability to give a history accounted for a difficult diagnosis in this case.

Division of Nephrology, Department of Medicine (A Woywodt MD, J T Kielstein MD), and Division of General Surgery and Transplantation, Department of Surgery (M Winkler MD), University of Hannover School of Medicine, Hannover, Germany