An unusual cause of abdominal pain

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To the Editor,

A 44-year-old man was referred for acute abdominal pain of the upper left quadrant. His medical history was unremarkable and he was taking no medicine. On examination, the abdomen was soft and tender to palpation at the left costovertebral angle. Cardiac auscultation revealed a grade 3/6 pansystolic murmur over the left lower sternal border. The white-cell count was 12.000 per cubic millimetre, the C-reactive protein was 20 mg/L and the LDH 500 U/L. Liver and pancreatic enzymes were normal. While the patient was in the emergency department narcotic analgesia was administered intravenously to control pain. Computer tomography of the abdomen showed multiple wedge-shaped areas of hypoenhasement in the spleen, consistent with splenic infarcts (Fig. 1). The patient tested negative for cytomegalovirus and Ebstein Barr infection, inherited thrombophilic factors including protein C, protein S, or antithrombin deficiency ; lupus anticoagulant and anticardiolipin antibodies ; activated protein C resistance or factor Leiden mutation, homocysteinemia and primary myeloproliferative disorders. An electrocardiogram and a chest-X-ray were also normal. Transesophageal echocardiography showed an interatrial septal aneurysm (Fig. 2) with three minor septal defects, but no valvulopathy or evidence of endocarditis. Our case illustrates the importance of a careful clinical examination to elucidate an unusual cause of abdominal pain. Although uncommon, the presence of murmur in a patient with splenic infarction should orientate early towards a cardiac origin.

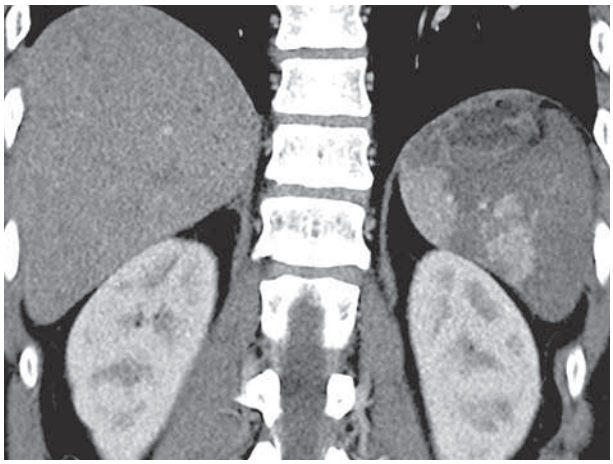

Fig. 1. — Computer tomography of the spleen revealed multiple wedge-shaped areas of decreased attenuation compatible with splenic infarcts.

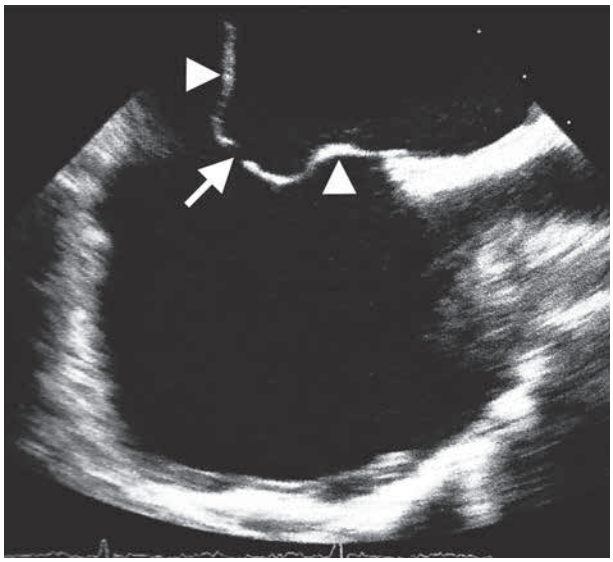

Fig. 2. — Transesophageal echocardiography disclosed an interatrial septal aneurysm (arrowheads) with three minor septal defects (arrow).

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