

Splenic abscess in ulcerative colitis under anti tumor necrosis factor treatment

Muhammet Yener Akpınar¹, Erkin Öztaş¹, Orhan Çoşkun¹, Zeki Mesut Yalınkılıç¹, Ufuk Barış Kuzu¹, Ertuğrul Kayaçetin¹

(1) Gastroenterology Department, Türkiye Yüksek İhtisas Education and Research Hospital, Ankara, Turkey.

Abstract

Splenic abscess are rare conditions. Since morbidity and mortality rates are high, immediate diagnosis should be required. Here we presented an ulcerative colitis patients who develops splenic abscess under anti tumor necrosis factor treatment. (*Acta gastroenterol. belg.*, 2015, 78, 252).

Key words : anti-TNF, splenic abscess, and ulcerative colitis.

It is rare to come across Splenic abscess (1). Risk factors for splenic abscess usually destroy immune system such as diabetes mellitus, immunosuppressive treatment, congenital and acquired immunodeficiency conditions (2). Since morbidity and mortality rates are high, immediate diagnosis is necessary.

A 67 year old male patient admitted to our hospital with abdominal pain, fever and altered mental status. In his medical history, he had ulcerative pancolitis for almost ten years and had been receiving an anti tumor necrosis factor (anti-TNF) treatment since two months. After the second dose of anti-TNF therapy, these symptoms became evident. There was leukocytosis and elevated CRP in his laboratory. Therefore, computed tomography was performed and an abscess was found which is spreading to perisplenic tissues containing air-fluid levels (Fig. 1). As a result, percutaneous drainage was performed immediately to this abscess. Culture of the obtained material indicated that there was an enterococcus faecium which was sensitive for oxazolidinone and vancomycin. Under the treatment of oxazolidinone and percutaneous drainage, fever and extension of abscess was regressed. As well as, leukocytosis and CRP levels were declined. However, patient's condition deteriorated in the course of the disease. Finally he died.

It is quite rare to see splenic abscess in inflammatory bowel disease (IBD). Colosplenic fistulas can cause splenic abscess in Crohn disease (3) ; whereas there is no facilitator factor in ulcerative colitis similar to this. Anti-

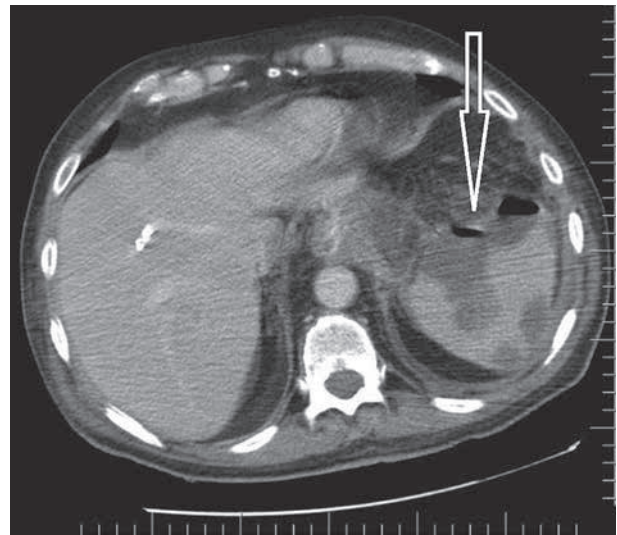


Fig. 1. — Abscess of the spleen

TNF treatment can mask inflammatory signs. Either anti-TNF therapy or hyposplenism in IBD can lead to an immunocompromised status. However, there is no clear evidence that infections in IBD patients are a direct result of anti-TNF treatment.

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Correspondence to : Muhammet Yener Akpınar, Türkiye Yüksek İhtisas Education and Research Hospital, Gastroenterology Department, Kızılay Street, Sıhhiye, 06100, Ankara, Turkey. E-mail : muhammet.yener@gmail.com

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