

**OP29 THE 6 PACK- ABS RUINER! :
A CASE REPORT OF A LADY
WITH RECTUS ABDOMINIS
PYOMYOSITIS**

WN W MOHAMAD ZAKI¹, MA
ABDULLAH¹, AS SJAHD^{1,2}

¹ *PUSAT PENGAJIAN SAINS
PERUBATAN, UNIVERSITI SAINS
MALAYSIA, KAMPUS KESIHATAN,
KELANTAN, MALAYSIA*

² *HOSPITAL UNIVERSITI SAINS
MALAYSIA, KELANTAN, MALAYSIA*

Introduction

Pyomyositis is a rare case encountered in emergency department. Thus, it imposes the challenge in making the diagnosis without considering the other possible life-threatening acute abdomen in a reproductive age female patient.

Case

We presenting a case of a 42 years old lady whose presented to emergency department with a complaint of worsening constant lower abdominal pain for 2 weeks, pricking in nature, relieved by analgesia associated with increasing abdominal distension. Furthermore she also had fever for 1 day, denying other sources of infection. On further history, she had underlying ovarian mass but defaulted follow up. Upon examination, she was alert and conscious with stable vital signs. Abdominal examination revealed a distended lower abdomen with a palpable mobile tender mass extending from the left lumbar to left iliac fossa. The abdominal ultrasound revealed no free fluid, with a mass seen at left lumbar measuring 5x 9cm, irregular border with mixed solid-cystic consistency. She was initially referred to O&G team for possible twisted ovarian mass. Transvaginal ultrasound showed bilateral normal ovaries with

increase echogenicity in cyst area with doppler uptake at the periphery. CT abdomen revealed intramuscular abscess at the left rectus abdominis muscle with intraperitoneal extension with no obvious gynae pathology. Patient was admitted to surgical ward, IV antibiotics started and underwent incision and pigtail insertion for drainage under interventional radiology. Pus were drained and sent for culture.

Discussion

Pyomyositis is a bacterial infection of the skeletal muscle that leads to abscess formation. Most of the studies found the causal agent was the gram positive cocci. It is presumably hematogenous in origin, not associated with contiguous infection of the skin, bone or soft tissue. The formation of pyomyositis at the abdominal region is quite rare and this may mimic other differential diagnosis of acute abdomen in reproductive age of female.

Conclusion

As this is a very rare encounter, the diagnosis needs cumulative clinical and radiological assessment . Intravenous antibiotics and immediate drainage remain as the mainstay of the treatment.

Keywords: Rectus Abdominis
Pyomyositis, Reproductive Age, Female