CLINICAL SNAPSHOT

Occult Focus of Septic Shock

An 80-year-old woman presented to the emergency room complaining of bleeding per rectum and increased back pain on a background of previously diagnosed lumbar spinal stenosis. She was hemodynamically stable and was anticoagulated with aspirin, clopidogrel, and apixaban because of atrial fibrillation and the prior insertion of a coronary stent. Laboratory tests revealed anemia (hemoglobin 8.4 g/dL) and an elevated lactate dehydrogenase concentration (375 U/L, normal <250), but were otherwise in the normal range, including parameters of systemic infection. At lower gastrointestinal endoscopy, an impassable stenosis 35 cm ab ano was seen, with marked angulation, as well as marked diverticulosis with edema. Two days after the endoscopic procedure, she was admitted to the intensive care unit in septic shock. Mild redness of the skin was seen in the left perianal area. Computed tomography revealed marked abscess formation in the left hip musculature with osteomyelitis and necrosis of the femoral head, as well as non-perforating sigmoid diverticulitis. The patient died of multiple organ system failure secondary to septic shock. No autopsy was performed, and thus any causal connection between the two disease entities that were identified must remain speculative.

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Computed tomography of the pelvis

Left hip: necrosis of the femoral head (green circle) is seen, along with a dislocated joint position, a pathological acetabular fracture, inflammatory pannus (blue triangle) in the joint cavity, and inflammatory thickening of the joint capsule. There is also swelling of the left obturator internus muscle with visibly increased uptake of contrast medium (white arrows) and periarticular gas inclusions (red arrow), indicating fistula formation with gas-elaborating bacteria.