Malignancy Presenting as a Psoas Abscess

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Case Report

A 57-year-old woman presented with right-sided abdominal pain extending from her back to her right leg for 2-week duration. She reported that her pain decreased on lying on her left side and flexing her knees. Physical examination demonstrated local tenderness of right costovertebral angle and a positive psoas sign. A computed tomography (CT) scan demonstrated thin-walled, septated psoas abscess (11 cm × 8 cm × 6 cm) (Figs. 1 and 2). Ultrasound-guided percutaneous aspiration revealed serous fluid and she was started on broad-spectrum antibiotics. Microbiological examination did

not reveal any bacterial or *Mycobacterium tuberculosis*. In view of the failure of medical therapy and percutaneous drainage, we proceeded with surgical exploration and biopsy. The pathological examination of the necrotic muscle demonstrated poorly differentiated squamous cell carcinoma. Her tumour markers (β -HCG, AFP, CEA, CA 19-9 and CA 125) were normal and a positron emission tomography scan failed to demonstrate a primary site of malignancy. She was diagnosed with carcinoma of unknown primary.

Fig. 1 CT abdomen (axial) demonstrated thin-walled, septated abscess in right iliopsoas muscle

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Fig. 2 CT abdomen (sagittal) demonstrated thin-walled, septated abscess in right iliopsoas muscle

This is an extremely unusual clinical presentation of metastatic poorly differentiated squamous carcinoma presenting as a psoas abscess. Psoas abscess usually arise from a contiguous infectious foci or through haematogenous spread. In our patient, malignant carcinoma mimicked a psoas abscess and presented with the typical symptoms. Neoplasms like cervical [1], colorectal [2], renal cell [3], and lung carcinomas [4] have been reported to present as psoas abscess.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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