

Late Presentation of a Splenic abscess after a Preterm Vaginal Delivery

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Background

Splenic abscesses are rare, and abscess formation more than 1 month after a vaginal delivery is also rare. Historically, there is a report from 1966 linking splenic abscess formation with puerperal sepsis. A case report from 2007 comments that a splenic abscess has not presented less than 1 month postpartum in the literature. Other case reports note development either after a cesarean delivery or early in the postpartum period. This is the first case of a splenic abscess presenting at 30 days after an uncomplicated vaginal delivery.

Purpose

The objective is to describe this rare condition for providers.

Methods

Case Report.

Results

A 31-year-old primigravid woman at 34+0 weeks was induced for chronic hypertension with superimposed severe pre-eclampsia. After her uncomplicated vaginal delivery, her postpartum course was complicated by endometritis and suspected pelvic thrombophlebitis. After more than 48 hours afebrile, her antibiotics and anticoagulation were discontinued, and she was discharged home. The patient presented back to the hospital on postpartum day 30 with a fever of 105°F, severe sepsis, and altered mental status. She was transferred to the ICU and was started on broad spectrum antibiotics. Blood cultures demonstrated *E.coli* in 1 out of 2 cultures. Urine culture was sterile. A 3.8 x 5.0 cm splenic cyst was noted on CT scan and abdominal ultrasound. The patient clinically improved and was afebrile on antibiotics. She was discharged on hospital day 5 with oral antibiotics. The patient returned the next day on postpartum day 35 for another fever and she was admitted for further management. An IR guided drainage of the splenic lesion revealed an *E.coli* positive culture. She was then maintained on IV antibiotics for 45 days before being transitioned to oral antibiotics for another 28 days. Sequential imaging showed resolution of the splenic lesion, precluding her need for a splenectomy.

Conclusion

This patient had no risk factors for development of a splenic abscess. There was a low clinical suspicion for a splenic abscess based on the characteristics of the lesion on imaging. Given that there was no obvious other source, the drainage of this lesion was performed and was found to be diagnostic. The source of the *E.coli* is still unknown but suspected to be hepatobiliary or genitourinary in origin. Although rare, it is important to consider splenic abscesses on a differential diagnosis for a postpartum patient with an unknown source of fever.