



AB186. SOH22ABS019. Silent psoas abscess resulting in cauda equina syndrome: a case report

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Background: Cauda equina syndrome (CES) is a rare but well-known emergency surgical condition. CES occurs when there is a compression of nerve roots in lower end of spinal cord. Although cases have been described in recent years, psoas abscess remains a very rare cause of CES. We report a unique case of CES secondary to psoas abscess in our centre.

Methods: A 56-year-old gentleman presented to emergency department with numbness and paralysis of lower extremities. A computed tomography (CT) followed by magnetic resonance imaging (MRI) confirmed cauda equina compression at level T8/9, T9/10 and L1/2 and left psoas abscess. In addition, he was septic at presentation. He was transferred to a tertiary hospital for urgent T9 laminectomy and abscess drainage.

Results: He had good post-op recovery of abscess with flucloxacillin and reimagining two weeks post-op showed reduction in size. However, his neurological deficit did not resolve and remained paraplegic. A long-term catheter was placed for urinary retention. Dental work up and echo were negative for source of infection. After two months of rehabilitation and treatment for recurrent urinary tract infection in the hospital, he was stepped down to national rehabilitation centre.

Conclusions: We showcase an atypical and sinister presentation of psoas abscess resulting in CES. Albeit rare, idiopathic primary psoas abscess can occur in healthy adult and if not treated promptly, can give rise to undesirable complications.

Keywords: Cauda equina syndrome (CES); idiopathic; paraplegic; psoas abscess; urinary retention

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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