

Background

- *S. aureus* is a commensal organism present in 30% of the diabetic population.
- Transient bacteremia is common in insulin dependent diabetics.
- Complications of *S. aureus* bacteremia are varied and may be difficult to recognize.
- Splenic abscess estimated incidence is 0.2 – 0.7%.

Case

- 46yo M with IDDM presented in DKA with WBC of 19,800/mcL; 13% bands.
- Background of worsening constipation, early satiety, poor appetite and bloating.
- Exam showed non tender abdominal distension and absence of skin lesions.
- He was started on empiric antibiotics; cultures grew # *S. aureus*.
- After 48hrs patient showed little improvement.
- CT abdomen - 8cm multiloculated abscess with mass effect on left kidney and a portion insinuating into the spleen.
- Percutaneous drainage returned 200cc of purulent # fluid, with immediate improvement of symptoms. #
- Repeat CT showed resolution of abscess.
- Patient was discharged home to complete a 6-week course of cefazolin.

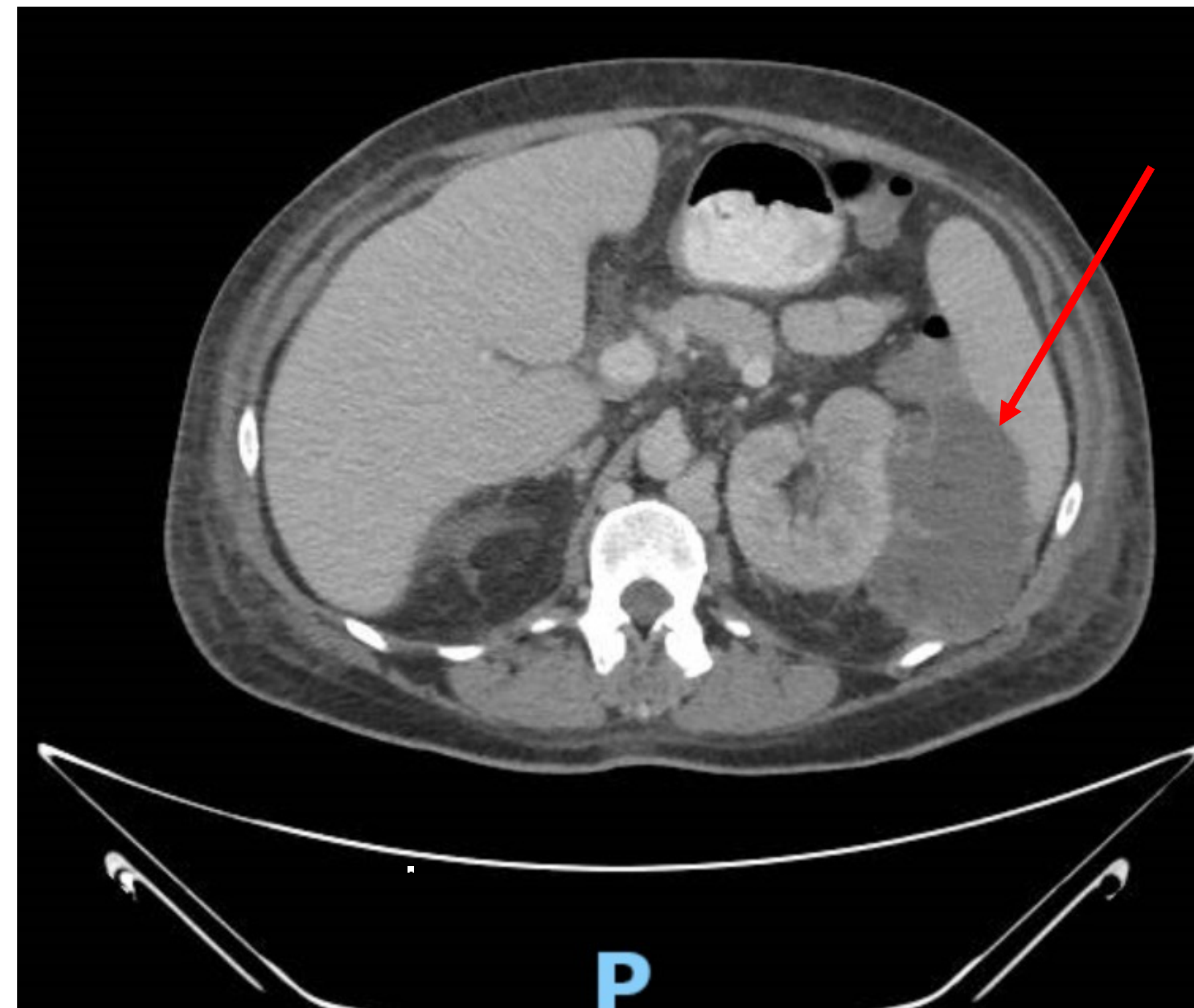


Figure 1: Initial CT abdomen/pelvis showing multiloculated abscess on the order of 8 cm causing mass effect on left kidney.

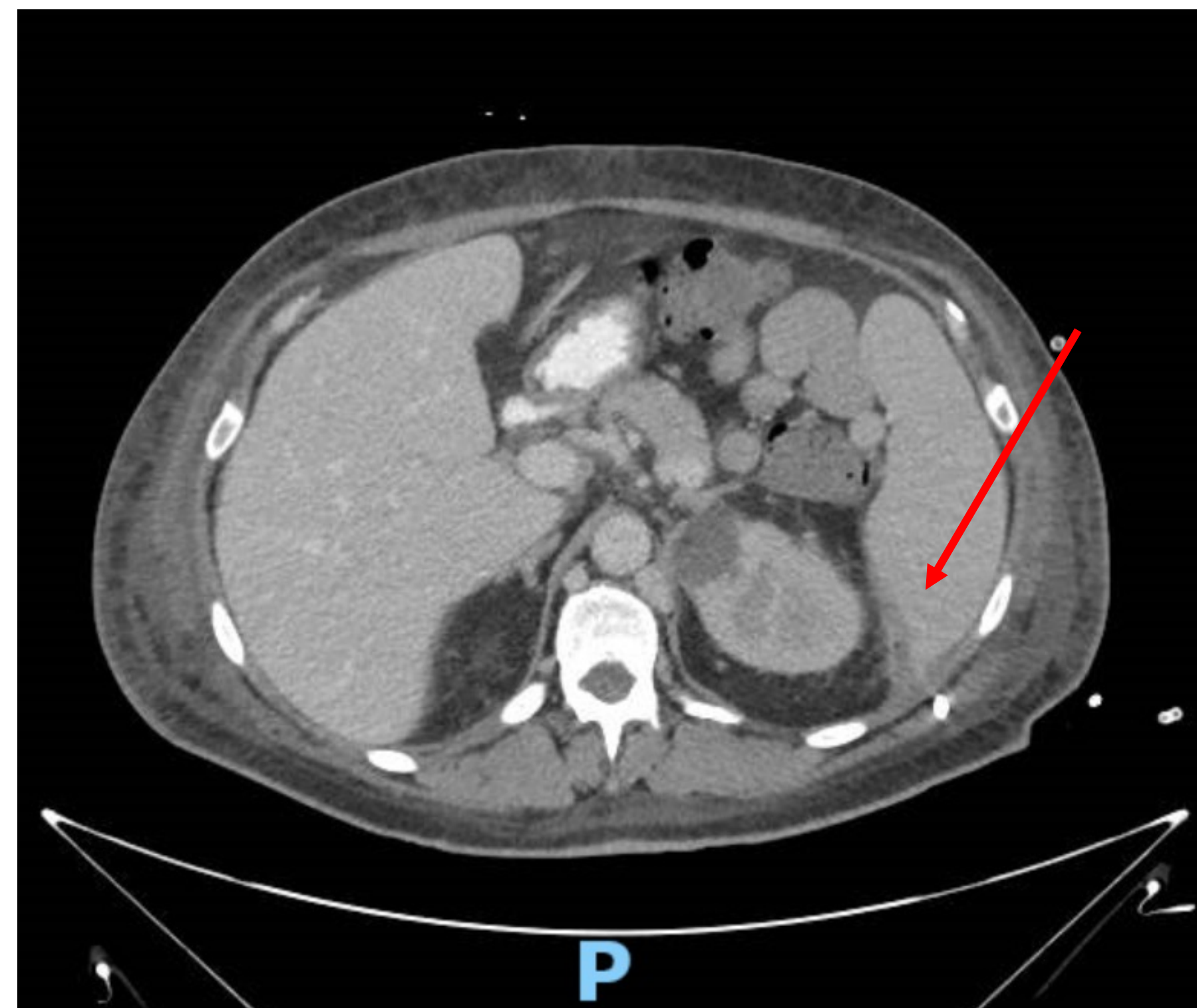


Figure 2: Status post drainage shows left perinephric/ perisplenic fluid nearly resolved.

Discussion

- Diabetes mellitus represents a significant risk factor for *S. aureus* bacteremia, which carries a mortality rate of between 20-40%.
- Diabetics at particular risk include those with poor glycemic control, type 1 disease, disease duration of greater than 10 years, and those with diabetic complications.
- *S. aureus* bacteremia results in metastatic infection in up to 30% of cases.
- Non-specific symptoms in diabetics may have multiple underlying causes owing to multisystem dysfunction but WBC >25,000/mcL or >10% bands warrants evaluation for infection.

Conclusion

- Infectious, vascular and neuropathic complications # of diabetes are wide ranging and often nonspecific. #
- *S. aureus* bacteremia particularly in diabetics should warrant focused history, complete physical exam paying special attention to the skin, and imaging assessing for deep seated infections.

References

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