

Psoas Abscess in Adults – Microbiology Summary Clinical Guideline

Reference number: CG-MIC/3669/23

Clinical concerns re psoas abscess (symptoms and signs include back/flank pain, limp, an inguinal mass, and a reduced range of hip movement)

Investigation

- Radiology:
 - If the origin of infectious disease is unknown, first line, CT
 - If a spinal origin (e.g. discitis) of infectious disease is suspected, first line (if available), MRI, second line (if MRI is not available), CT
- Microbiology:
 - Before starting antibiotics: blood cultures x 2, drawn approximately 1-15 minutes apart, from 2 locations/venepunctures
- Blood sciences:
 - FBC, INR, CRP, lactate, U&Es, and LFTs

Treatment

- Surgical opinion ± intervention:
 - Consult with the relevant surgical senior (spinal, orthopaedics, vascular, urological, upper/lower gastrointestinal tract, etc.) on call
- ± Radiological opinion and intervention:
 - Interventional radiology with US- or CT-guided percutaneous aspiration or drainage can be considered for psoas abscesses, especially if surgical drainage is contraindicated
 - Surgical consultant to radiology consultant discussions - regarding the specific patient, contraindications, and complications – are recommended
- Empiric, intravenous antibiotics (please note, page 2)

Investigation (if surgery or radiology intervene):

- Microbiology:
 - Fluid, pus, or tissue for MC&S
- Histology:
 - Biopsy for histopathology

Treatment

- Directed, intravenous antibiotics (please note, Microbiology Full Clinical Guideline pages 3-5)
- ± Referral to the UHDB orthopaedic multi-disciplinary meeting (1200-1300 Fridays)

Empiric, intravenous antibiotics

| | Community acquired | Hospital acquired |
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| First line | Co-amoxiclav 1.2 g 8 hourly | Piperacillin tazobactam 4.5 g 8 hourly |
| Second line, if non-immediate without systemic involvement penicillin allergy | Metronidazole 500 mg 8 hourly and Cefuroxime 1.5 g 8 hourly | Metronidazole 500 mg 8 hourly and Ceftriaxone 2 g 12 hourly |
| Third line, if immediate rapidly evolving or non-immediate with systemic involvement penicillin allergy | Metronidazole 500 mg 8 hourly and Co-trimoxazole 960 mg 12 hourly | Metronidazole 500 mg 8 hourly and Co-trimoxazole 960 mg 12 hourly |