

NONTROPICAL PYOMYOSITIS: STUDY OF 33 CASES

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BACKGROUND: Pyomyositis, an intramuscular abscess of the large skeletal muscle groups, was originally described in the tropics and referred to as pyomyositis tropicans.

The pathogenesis involves transient bacteremia in the setting of pre-existing or concurrent muscular injury.

METHODS: We undertook a retrospective chart review of 33 cases seen between 1991 and 2005 in a tertiary centre of Spain.

RESULTS: Mean age was 58 years (16 -85). Male to female ratio was 3:1. Most common medical underlying condition were diabetes mellitus (24%) and hepatic disease (24%), followed by malignancy (21%). There were 4 HIV-infected persons (3 had AIDS)

Psoas was the most common site of involvement in 57% of patients.

Fever was reported in 82% with mean duration of 16 days (1-90). Creatine kinase was normal in 72% and leukocytosis was present in 81%. Blood cultures were positive in 31.3%. Causative organism for pyomyositis was determined by wound culture in 80%. *S Aureus* was the most frequently involved organism followed by gram negative bacterias (70% of them were *E Coli*) and *streptococcus*. Other agents were *M Tuberculosis*, fungus and anaerobes. There were isolated cases of multiresistant bacteria.

Diagnostic method was CT in 60% and ultrasonography in 27%. Incision and drainage was the most common procedure followed by guided catheter drainage. Mean duration of antibiotic treatment was 33 days (range of 6-115). Six patients died during hospitalisation, 4 of sepsis and 2 due to comorbidity. Death was associated with immunosuppression but not with multifocal disease.

CONCLUSIONS: In the early stages of pyomyositis intravenous antibiotic may be sufficient, but in advanced stages evacuation of abscess is necessary. Poor prognosis and higher mortality is associated with immunosuppression.

Key words: Intramuscular abscess, Immunosuppression, Drainage