

A rare case of periscapular abscess in pediatric, mimicking myosarcoma

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INTRODUCTION:

Musculoskeletal soft tissue infection is a common occurrence encountered in our daily practice, which is more predominant in the lower limb¹. Periscapular region is a rare site for abscess formation, especially in children². Up to date, only five cases were reported in the literature. We wish to present a case of a periscapular abscess in a pediatric patient from our center.

REPORT:

An 8-year-old girl presented to us with two-weeks history of pain and swelling at left scapular region following a trivial fall. A week following the incident, she experienced fever with chills and rigor. Examination revealed tender and “winged” left scapula with global restriction of left shoulder range of motion. Blood investigations showed raised CRP and ESR with unremarkable white cell count and blood culture.

Ultrasonography revealed partially liquefied intramuscular left scapula abscess. In addition, contrast enhanced computed tomography (CECT) showed ill-defined heterogeneously enhancing mass arising from the left subscapularis and infraspinatus/teres muscles which may represent myosarcoma or abscess.

Figure 1: Clinically winging of left scapula

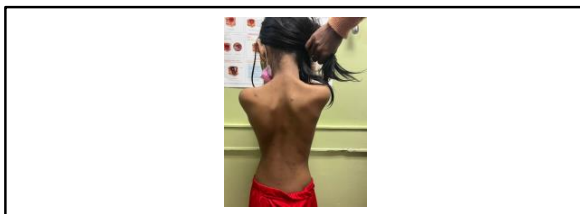
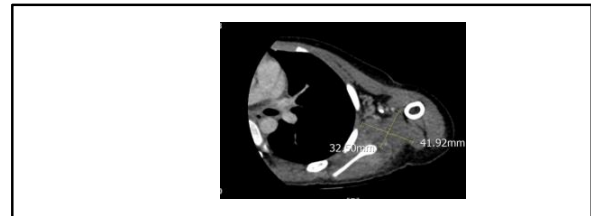


Figure 2: Left scapula x-ray



Figure 3: CT left shoulder



Based on her clinical presentation, biochemical and radiological images, a diagnosis of periscapular abscess was made. She was commenced on intravenous cefuroxime and analgesic. After 1 week of treatment, patient showed significant improvement in shoulder motion and pain score. Upon completion of 6-weeks antibiotics, she attained full active shoulder motion, with complete resolution of pain and scapular winging.

CONCLUSION:

The scapular region can harbor infection and yet be hidden from the eyes of medical practitioner. Periscapular abscess can occur in an otherwise healthy child. Physician should have a high index of suspicion as prompt diagnosis and appropriate antibiotics can lead to a successful outcome

REFERENCES:

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