STAPHYLOCOCCAL SPONTANEOUS MEDIASTINAL ABSCESSES

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INTRODUCTION

Mediastinal abscesses are uncommon, and usually present after trauma, thoracic surgeries, or esophageal perforation. We report the case of an isolated anterior mediastinal abscess in an otherwise healthy young male with no identified risk factors.

CASE DESCRIPTION

A 24-year-old male presented with fevers for five days, mild substernal chest pain, shortness of breath, and cough. He was febrile, tachycardic, and hypertensive, but the exam was normal.

LAbORATORY RESULTS AND IMAGING STUDIES

CT-guided fine needle aspiration cytology: fibroconnective tissue with acute and chronic inflammation, blood clot, focal histiocytic reaction, and granulation tissue.

DISCUSSION

Mediastinal abscesses can be fatal if they are not identified and treated on time. They commonly develop as a complication of trauma, thoracic surgeries, gastrointestinal tract perforations, extension from an oral or respiratory infection, and rarely hematogenous spread from distant locations. Less than 5 cases of spontaneous isolated mediastinal abscesses have been reported. Our patient did not have any risk factors or predisposing conditions. There is one case report of a mediastinal abscess in a patient with Hyper IgE syndrome. Interestingly, our patient had elevated IgE levels, but he did not meet criteria for Hyper IgE syndrome. The preferred imaging modality is CT with contrast. The causative organism will depend on the source of the infection. If Staphylococcus sp. are identified, skin is usually presumed to be the most likely source. The recommended treatment for an abscess is drainage and antibiotic therapy.

References


