

Pelvic and Gluteal Abscess incidentally found in a Young Woman with Diarrhea mimicking an IBD flare.

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### **Case Presentation:**

A 28-year-old female with past medical history of IBS-C on Linzess and self-reported history of right-sided sciatica pain presents to the ED secondary to concerns of abdominal pain with severe explosive diarrhea for the past 2 weeks. Upon interview with the patient, the patient reports she works as a flight attendant and recently went to Jamaica. The patient denied drinking any of the local water, however reported getting diarrhea after drinking local soda at a gas station. The patient reports 2 weeks of nausea, vomiting, and diarrhea. The stools were green in color and water-like consistency. Denies bloody stools. Patient reports losing approximately 10 lb. over the past 2 months. The patient also endorses taking naproxen and ibuprofen for her right-sided sciatica. Reports family history of sciatica with both mother and grandmother with sciatica. Denies any trauma, falls or car accidents causing sciatica pain. The patient denies any bruising, hematuria, hemoptysis. No fever, chills, sore throat, runny nose, or dysuria. Vitals were notable for febrile to 100.8. Tachycardic to 129 and tachypneic at 24. Patient ultimately found to have a large pelvic extra/ retroperitoneal phlegmon/abscess. The collections extend into the right gluteal musculature through the right sciatica notch causing a right gluteal musculature abscess. Oncology, Colorectal surgery, Urology, Gastroenterology consulted with workup pending.

### **Discussion:**

Atypical presentation of serious intra-abdominal pathology can pose a significant diagnostic challenge. This case highlights a patient who initially presented with diarrhea for 2 weeks and right sciatica pain, symptoms that are commonly attributed to benign conditions such as gastrointestinal upset or musculoskeletal strain. However, further investigation revealed pelvic and gluteal abscesses, with subsequent evaluation uncovering underlying appendicitis. Having a broad differential diagnosis particularly in nonspecific young individuals may help avoid delay in recognition of potentially life-threatening diseases.