โรคกล้ามเนื้อคอติดเชื้ออักเสบเป็นหนอง ในผู้ป่วยไขกระดูกเสื่อม

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บทคัดย่อ

โรคกล้ามเนื้อคอติดเชื้ออักเสบเป็นหนองเป็นโรคที่พบได้น้อย แต่มีความรุนแรงถึงชีวิตได้ ดังนั้น จึงควรนึกถึงโรคนี้เสมอในผู้ป่วยมีอาการปวดบวมบริเวณคอ โดยเฉพาะกลุ่มผู้ป่วยที่มีภูมิคุ้มกันต่ำ ในขณะเดียวกันควรหาปัจจัยเสี่ยงในกลุ่มผู้ป่วยโรคนี้ที่ไม่มีประวัติโรคประจำตัว การรักษาที่มีประสิทธิภาพสำหรับโรคนี้ คือ การฉีดยาปฏิชีวนะเข้าทางเส้นเลือดดำร่วมกับการผ่าตัดระบายหนอง ถึงแม้ว่าหนองจะมีขนาดเล็กก็ตาม บทความนี้ได้รายงานผู้ป่วย อายุ 83 ปี ซึ่งไม่มีประวัติเจ็บป่วยหรือโรคประจำตัวมาก่อน มาด้วยอาการปวดคอ 2 วันต่อมาปวดมากขึ้นและมีไข้สูง ตรวจพบหนองในชั้นกล้ามเนื้อคอจากการตรวจทางภาพถ่ายรังสีคอมพิวเตอร์ และพบความผิดปกติของเม็ดเลือดเป็นอุปสรรคของการผ่าตัด หลังการผ่าตัดระบายหนองและฉีดยาปฏิชีวนะเข้าทางเส้นเลือดดำ นาน 7 วัน อาการดีขึ้นจนกลับบ้านได้ ภายหลังได้มีการตรวจเจาะไขกระดูกและพบว่าผู้ป่วยมีภาวะไขกระดูกเสื่อมซ่อนอยู่ ซึ่งนอกจากโรคกล้ามเนื้อคอติดเชื้ออักเสบเป็นหนองจะพบได้น้อยมากแล้ว ยังไม่เคยมีรายงานในผู้ป่วยภาวะไขกระดูกเสื่อมมาก่อน

คำสำคัญ

กล้ามเนื้อติดเชื้ออักเสบเป็นหนอง กล้ามเนื้อคอสเตอโนเคลโดแมสตอยด์ ภาวะไขกระดูกเสื่อม

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PYOMYOSITIS IN STERNOCLEIDOMASTOID MUSCLE IN PATIENT WITH MYELODYSPLASTIC SYNDROME

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ABSTRACT

Pyomyositis in sternocleidomastoid muscle is a rare but severe disease. It should be considered in patients with localized neck pain, especially immunocompromised host. Predisposing factors should be examined even without history. Parenteral antibiotic with surgical drainage is an effective treatment even microabscess. We described the case of an 83-year-old woman without a history of any underlying disease. The patient was admitted due to neck pain for 2 days and later developed a high fever with progressive pain. Microabscess in sternocleidomastoid muscle was found in computer tomography scan. Neck exploration to drain was performed, followed by parenteral ceftazidime and clindamycin for 7 days until discharge. Myelodysplastic syndrome was diagnosed after the pyomyositis had been resolved. Pyomyositis in sternocleidomastoid muscle in the patient with myelodysplastic syndrome has not been reported yet.

KEYWORDS

pyomyositis, sternocleidomastoid, myelodysplastic syndrome

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INTRODUCTION

Pyomyositis is an infection of any striated muscles. It is commonly known as tropical pyomyositis due to the high incidence in tropical countries. The infection usually effects single and major muscle, especially lower extremities. The most common organism is Staphylococcus aureus. It is an uncommon disease, but many recent cases have been reported among immunocompromised patients, such as HIV, diabetes mellitus, systemic lupus erythromatosus (SLE) and hematological malignancy. However, pyomyositis in sternocleidomastoid is rarely reported. Moreover, pyomyositis in the sternocleidomastoid muscle with myelodysplastic syndrome has not been reported yet.

CASE REPORT

An 83-year-old woman without a history of any underlying disease was transferred to the ENT department in Chiangrai Prachanukroh Hospital due to neck pain for 2 days. Her body temperature was 36.5 degree Celsius. The examination showed mild swelling in the middle and lower part on the left side of the neck with tenderness. No fluctuation was defined. Conservative treatment with clinical observation was performed. The patient developed a high fever with progressive pain on the left side of the neck. Computed tomography (CT) scans showed 2.2×0.7 cm fluid collection with an enhancing rim surrounding left sternocleidomastoid muscle with fat reticulation and subcutaneous edema as shown an axial view and coronal view in Figure 1A and 1B, respectively. Laboratory blood test showed pancytopenia (Hemoglobin 6.6 g/dL, leukocyte 6800 cells/cu.mm, platelet count 33000 cells/cu.mm). HIV test was non-reactive. The other standard blood tests were within normal limits. While consulting the hematologist about the abnormal blood test, needle aspiration was performed at the prominent swollen part of the neck. However, no pus was identified. Peripheral blood smear showed the suspected feature of myelodysplastic syndrome. The patient was suggested to do the bone marrow biopsy for diagnosis when the clinical symptom of infection had stabilized. Blood transfusion of packed red cells and platelet concentration was provided. The patient was treated with parenteral antibiotics (Ceftazidime 2 g every 8 h and Clindamycin 600 mg every 8 h). The clinical condition did not improve within 48 h. A CT scan was done again and revealed rim enhancing multi-loculated fluid collection surrounding the enlarged left sternocleidomastoid muscle sized 5.0×2.8×5.0 cm as shown an axial view and coronal view in Figure 2A and 2B, respectively. Neck exploration was performed

under general anesthesia. About 5 ml of pus was drained and a Penrose drain was placed. Group A. Streptococcus was found in the pus culture. Hemoculture was negative. The parenteral antibiotics were continued for 7 days until discharge. The clinical symptoms had improved. The swelling on the neck became firm in consistency as a scar. Two weeks after that, the patient came for follow-up. The patient noted no fever nor pain. The wound became a dry scar. Later, a bone marrow biopsy was performed, and myelodysplastic syndrome (MDS) was diagnosed.

DISCUSSION

Pyomyositis, also known as tropical pyomyositis is an uncommon disease, but found more in tropical countries including Thailand. It mostly affects the major muscles, especially lower extremities muscles, and more cases were reported1. Nevertheless, pyomyositis in sternocleidomastoid muscle is very rare. HIV is the common risk factor to develop pyomyositis2,3. The others are poorly controlled diabetes mellitus, hematological disorder, trauma, organ failure, and immunocompromised host4. The patient in this case report denied any previous illness for the last ten years. Her last admission was over ten years ago for appendicitis and the blood test was normal at the time. Therefore, it is very important to seek the hidden disease in pyomyositis patients. The myelodysplastic syndrome was diagnosed in this patient after the pyomyositis had been resolved. Pyomyositis with myelodysplastic syndrome has been reported in the past, but none was found the disease at sternocleidomastoid muscle5. The clinical symptoms can be divided into three stages2,3. The first stage is the invasive stage, which occurs in the first two weeks. The symptoms are mild and not specific for example, fever, localized pain with mild edema. This stage is usually neglected, and the patients might be treated as supportive treatment. If the symptoms get worse, the disease will turn into the second stage (suppurative stage). In this stage, the abscess is formed which causes high fever, more pain, and more prominent localized signs on that muscle. Pyomyositis is usually diagnosed in this stage3. With insufficient treatment, the disease can turn into the third stage, which affects systemic manifestation like severe sepsis. More complications can occur, such as septic shock, metastatic abscesses, renal failure, or multi-organ failure. To prevent morbidity and mortality, early diagnosis is important. Pyomyositis in Sternocleidomastoid muscle should be in the differential diagnosis in patients with a painful swollen neck. The most effective treatment is pus drainage and treatment with the proper antibiotics1. In this case, the patient was in the suppurative stage with microabscess.

With her conditions (pancytopenia), needle aspiration and parenteral antibiotics were the first choices of treatment. Staphyloccocus aureus is the most common organism in pyomyositis even in the sternocleidomastoid muscle. Recently, other common organisms have been reported in pyomyositis such as Group A. Streptococcus, Krebsiella pneumoniae[2]. According to multifactorial pathogenesis, Ceftazidime and Clindamycin were prescribed to cover gram positive, gram negative, and anaerobic bacteria. After that, the clinical condition did not improve, and a larger abscess was found in the imaging. So, surgical drainage is performed. Although the pus was less, the clinical symptoms got better after the surgery.

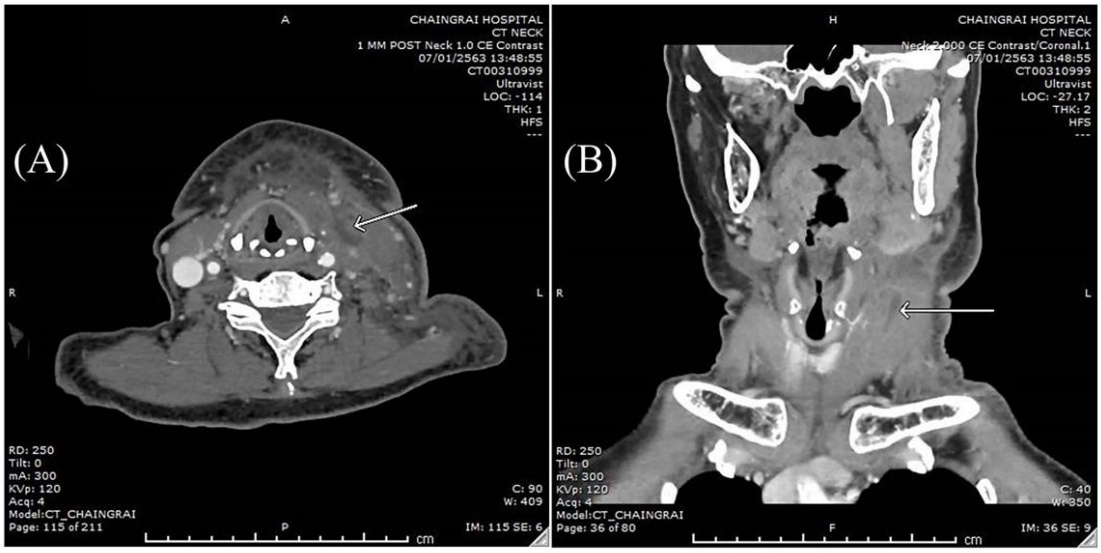

Figure 1 CT imaging showed 2.2×0.7 cm fluid collection with rim enhancing surrounding sternocleidomastoid muscle; axial view (A) and coronal view (B)

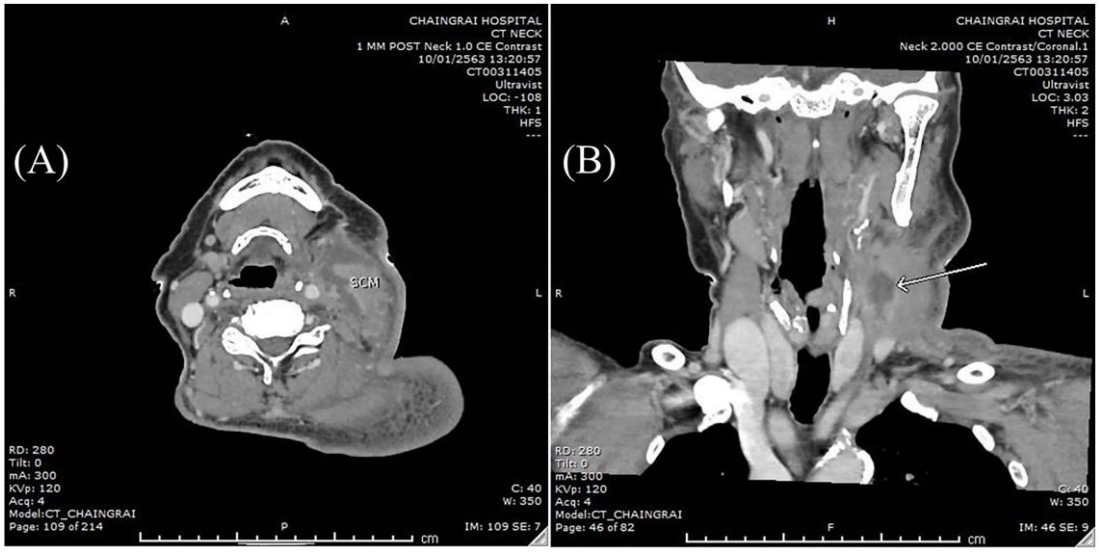

Figure 2 CT imaging showed rim enhancing multi-loculated fluid collection surrounding the enlarged left sternocleidomastoid muscle sized 5.0×2.8×5.0 cm; axial view (A) and coronal view (B)

CONCLUSION

Pyomyositis in sternocleidomastoid muscle is a rare but severe disease. It should be considered in patients with severe localized neck pain especially immunocompromised host. Predisposing factors should be examined even without history. Parenteral antibiotic with surgical drainage is an effective treatment even microabscess.

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