



An abdominal and unexpected cause of persistent fever in a 3-year old boy

To the Editor,

A 3-year-old boy was admitted to our department because of fever for five days. Anamnesis revealed some episodes of diarrhoea and domiciliary intramuscular administration of ceftriaxone (50 mg/kg) for two days because of tonsillitis and the child's refusal for oral antibiotics. Clinical examination showed tonsillitis, and the child presented with somnolence disappearing with defervescence. Biochemical analysis showed neutrophilia with C-reactive protein (CRP) values of 150 mg/L. Chest X-ray and abdominal ultrasound (AUS) were normal. Because systemic bacterial infection was suspected, intravenous ceftriaxone administration was continued. One day after the admission, the fever disappeared and the child's general conditions dramatically improved. Follow-up exams after two days without fever showed neutrophilia, CRP values of 280 mg/L and platelet levels of 1,200,000/ μ L. Then, a new AUS revealed pelvic abscess (Figure 1a, b). The following computed tomography confirmed the abscess and

showed a coprolite in its context (Figure 2). The diagnosis of perforated acute appendicitis (AA) with intra-abdominal abscess was performed. AA in the first years of life is an uncommon event but with a varied and often misdiagnosed presentation (1). The persistent fever in a young child, also without AA typical signs, should always raise the possibility of AA (1). In our case, prob-

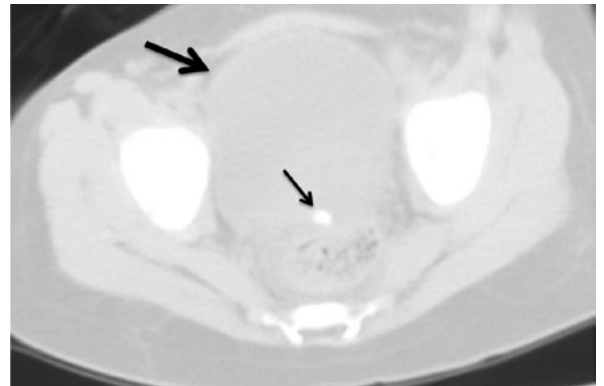


Figure 2. Abdominal CT, the thick arrow indicates the pelvic abscess; the thin arrow indicates the coprolite in the context of the abscess

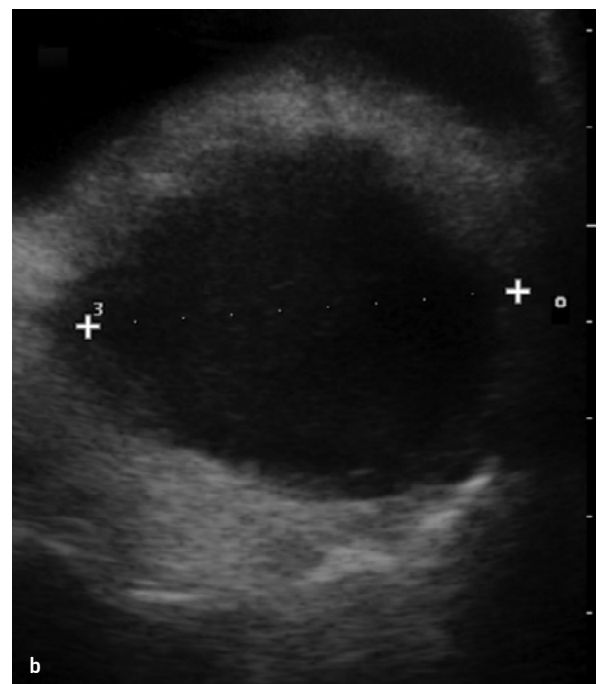
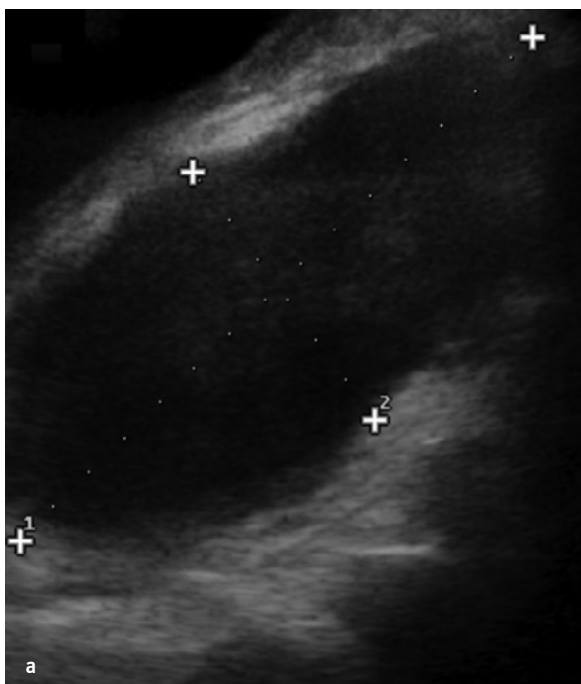


Figure 1. a, b. Abdominal ultrasound, longitudinal view: measure, 7.28x3.11 cm (a), abdominal ultrasound, transversal view: measure, 4.44 cm (b)

ably, the precocious ceftriaxone administration played a role in masking the diagnosis.

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