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EXTENSIVE ABDOMINAL ABSCESES AND OSTEOMYELITIS DUE TO NON-TYPHI SALMONELLA IN A PATIENT WITH RHEUMATOID ARTHRITIS

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BACKGROUND

Nontyphoidal *Salmonella* (NTS) are a major cause of gastroenteritis, and a public health problem worldwide. It might also cause focal abscess and bacteremia. We herein report a case of atypical, widespread NTS abdominal abscesses and osteomyelitis in a patient with rheumatoid arthritis (RA) using leflunomide and tocilizumab.

CASE REPORT

The patient, a 56-year-old woman, had been diagnosed as seropositive RA since 2012, mostly involving hands, wrists and the right hip. Secondary therapeutic failure had been reported with infliximab, adalimumab and golimumab. For the last months, a partial clinical response was achieved with tocilizumab, leflunomide and prednisone 10 mg/day. The patient was recently admitted to the hospital due to vomiting and severe abdominal discomfort, predominating in the right inguinal region. Laboratory examination disclosed anemia (hemoglobin 11.5 g/L), leukocytosis (17.100 cells/mm³, with young forms), erythrocyte sedimentation rate of 126 mm and a C-reactive protein of 35 mg/dL. Creatinine was elevated (1.62 mg/dL), and liver function was normal. A computed tomography demonstrated multiple abdominal and pelvic abscesses, and osteomyelitis plus osteonecrosis of the right hip. Culture of the abscesses identified NTS. Therapy with ceftriaxone was started, and the abscesses were drained with pig tail drains. The orthopedic approach for the hip osteonecrosis was conservative. A gradual clinical improvement was observed in a two-month period. At discharge, the patient was instructed to use low-dose prednisone and, for the time being, sulfasalazine.

CONCLUSION

Whereas abdominal abscess due to NTS are usually small and individual, our patient, differently, had multiple and extensive abscesses in peritoneum. NTS-related osteomyelitis was also unexpected in our patient (salmonellosis-associated osteomyelitis are usually caused by *Salmonella enterica* ser. Typhi in cases of sickle cell disease). Our patient probably had a long-standing hip osteonecrosis predisposing to NTS infection. In summary, we highlight the presence of atypical, widespread NTS abscesses and osteomyelitis in a RA patient under immunosuppression. As far as we are aware, such kind of NTS infections have been fairly uncommon in tocilizumab users.