



Clostridium perfringens related spleen gangrene

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A 48-year-old man with no previous medical history was admitted to the intensive care unit for febrile dyspnoea and abdominal pain. Abdominal palpation disclosed pain of the left flank without guarding. There was no evidence of disseminated intravascular coagulation or intravascular haemolysis. Echocardiography revealed an enlarged right ventricle without evidence of patent foramen ovale. Thoracoabdominal CT scan revealed bilateral pulmonary embolism, non-occlusive thrombi of coeliac, superior mesenteric and splenic arteries with an intra-splenic gaseous collection (Fig. 1). No peritoneal effusion was noticed during laparoscopic splenectomy, but surgeons reported a foul-smelling odour. Splenic samples were positive for *Clostridium perfringens*.

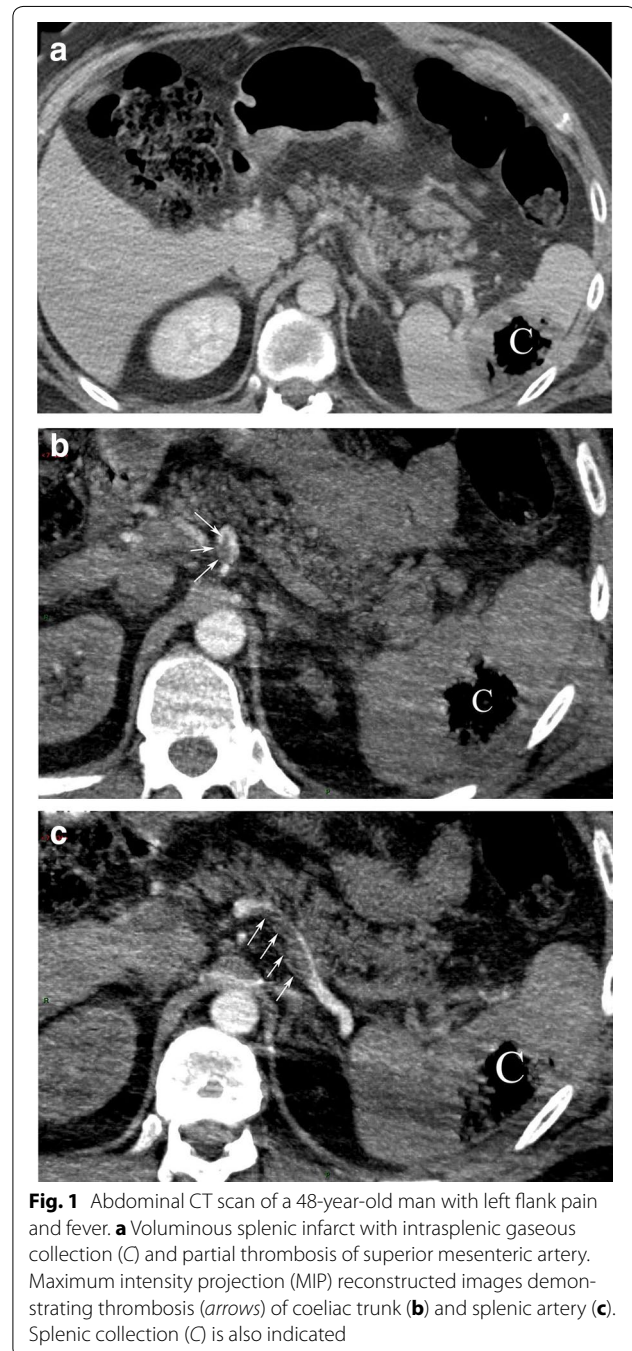


Fig. 1 Abdominal CT scan of a 48-year-old man with left flank pain and fever. **a** Voluminous splenic infarct with intrasplenic gaseous collection (C) and partial thrombosis of superior mesenteric artery. Maximum intensity projection (MIP) reconstructed images demonstrating thrombosis (arrows) of coeliac trunk (**b**) and splenic artery (**c**). Splenic collection (C) is also indicated

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Authors' contributions

GD, EM, JT and NB were in charge of the patient, collected the data. GD wrote the manuscript. All the authors approved the final version of the manuscript.

Compliance with ethical standards**Conflicts of interest**

The authors have no conflict of interest to declare regarding the material discussed in the manuscript.

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