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Medical Imagery

A prostatic Lemierre syndrome

Lemierre syndrome in its typical form combines an oropharyngeal infection and a suppurative thrombophlebitis of the internal jugular vein caused by anaerobic germs (Sinave et al., 1989; Kuppalli et al., 2012). We report here the case a 32 year old man admitted to the ICU for septic shock. He was complaining of fever, abdominal pain and anuria evolving for five days. Physical examination reported an obstruction of his supra-pubic catheter which was inserted 6 months ago for hypospadias.

After clearing of the supra-pubic catheter, empirical antibiotic therapy was promptly administered (Cefotaxime and Amikacin) and the patient received norepinephrine. There were neither symptoms involving the ENT area nor respiratory dysfunction at that time. Bacterial examination of the purulent urine revealed the presence of *Enterococcus faecalis* and *Klebsiella pneumoniae*. Antibiotherapy was modified to Amoxicillin and Cefotaxime.

Hemodynamic status improved, allowing norepinephrine withdrawal within a few hours, despite a persistent fever and the onset of hypoxemia. A thoraco-abdominal pelvic CT-scan revealed a prostatic abscess, a right internal iliac vein thrombosis and a left pulmonary abscess with pleural fistula (Figure 1). A blood culture performed at admission grew with *Fusobacterium necrophorum*.

Drainages from both prostatic and pleural abscesses were performed and curative anticoagulation was started. Unfortunately, prostatic drainage was performed while the patient had been receiving appropriate antibiotherapy for 4 days and the culture

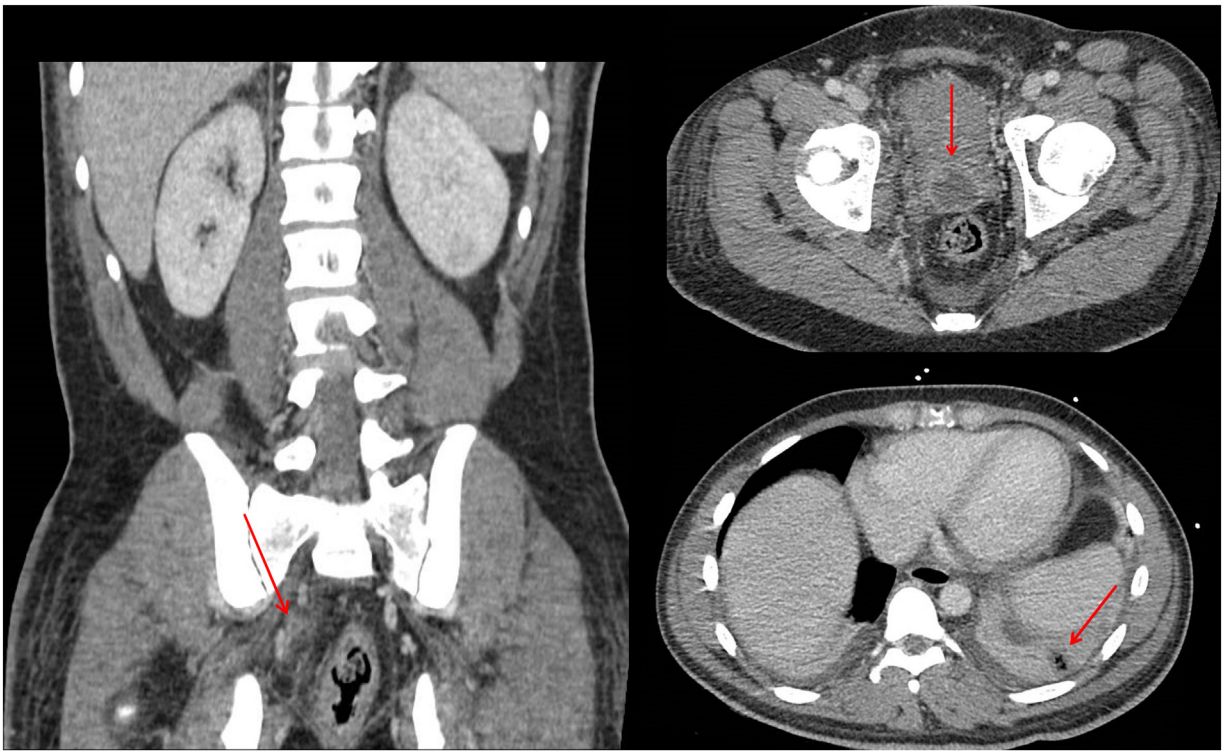

Figure 1. *Left:* Right internal iliac vein thrombosis.
Upper right: Large prostatic abscess.
Bottom right: Pulmonary abscess (left lower lobe) and pleural effusion.

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was negative, without 16 s RNA sequencing. Nevertheless septic pelvic thrombophlebitis attributed to local *Fusobacterium* spp infections have already been reported (Yamamoto et al., 2019), unlike *Klebsiella pneumoniae*, which strengthens the diagnosis. The antibiotherapy was continued with Amoxicilline-clavulanate, the patient improved.

Conflict of interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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Ethical approval

A consent form has been signed by the patient

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