

Abstract

Salmonella enteritidis is the commonest cause of foodborne salmonella infection in the world transmitted via contaminated foods. The majority will manifest as diarrhea but unusual complications are well recognized. We present a case of *S. enteritidis* causing a Psoas abscess and spondylitis and Pneumonia in an immunocompetent male complicated with Deep vein thrombosis

A 53-year-old previously healthy male who is working as a gem minor presented with a two-week history of low-grade fever with progressive backache radiating along bilateral(B/L) lower limbs and worsening with movements confining him to bed and B/L lower limb edema.

On Examination, He was unable to sit up from a lying-down position without support due to backache. there was pitting edema over B/L lower limbs up to mid-shin. The right-side Straight leg raise test was positive at 60 degrees and the left side it was normal and other neurological assessments were normal except for tenderness over the lumbar region. Investigations revealed Infective discitis at the lumbar region with psoas abscess, right lung consolidation, and Inferior Vena cava thrombosis. He was successfully treated with IV Ceftriaxone and anticoagulant therapy and discharged after 4 weeks of inward treatment.

Due to the prolong nature of the illness and similar radiographic appearance can be misdiagnosed as Tuberculosis. Treatment necessitates prolong courses of antibiotics depending on the site and the susceptibility pattern and superficial or deep-seated abscesses may require drainage to source control. Culture from abscess can be negative in such instances because of prior antibiotic therapy before the procedure. Multidisciplinary approach should be considered during evaluation, management and follow-up whenever indicated.