

A Case of Acute Abdomen Due to Neisseria Gonorrhoea

Henry Lam DO

Lehigh Valley Health Network, henry.lam@lvhn.org

Michal Kloska MD

Lehigh Valley Health Network, Michal.Kloska@lvhn.org

Travis Magdaleno MD

Lehigh Valley Health Network, travis.magdaleno@lvhn.org

Anam Malik MD

Lehigh Valley Health Network, Anam.Malik@lvhn.org

Reema M. Vaze MD

Lehigh Valley Health Network, Reema.Vaze@lvhn.org

See next page for additional authors

Follow this and additional works at: <https://scholarlyworks.lvhn.org/medicine>



Part of the [Medicine and Health Sciences Commons](#)

Published In/Presented At

Lam, H., Kloska, M., Magdaleno, T., Malik, A., Vaze, R., Ahluwalia, A. & Hickey, P. (2020, October). *A Case of Acute Abdomen Due to Neisseria Gonorrhoea*. Poster presented at: PA-ACP Statewide Resident/Student Abstract, Poster, and Awards Day, Virtual.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Authors

Henry Lam DO, Michal Kloska MD, Travis Magdaleno MD, Anam Malik MD, Reema M. Vaze MD, Arjan Ahluwalia MD, and Patrick Hickey DO

A Case of Acute Abdomen Due to Neisseria Gonorrhoea

Henry Lam, DO, Michal Kloska, MD, Travis Magdaleno, DO, Anam Malik, MD, Reema Vaze, MD, Arjan Ahluwalia, MD, Patrick Hickey, DO

Lehigh Valley Health Network; Allentown, Pa.

Introduction

Neisseria gonorrhoea is a globally prevalent sexually transmitted infection. In 2018, the WHO estimated 583,405 cases in the United States representing a 63% increase since 2014. Generally, it presents as infections of the urogenital tract such as cervicitis, urethritis, epididymitis, and pelvic inflammatory disease. Rarely it can become disseminated causing extragenital manifestations. Here we highlight a case of disseminated gonococcal infection presenting as an acute abdomen due to purulent peritonitis.

Case

A 23-year-old female with a past medical history of intravenous drug use presented with sudden onset of severe abdominal pain ongoing for one day with associated nausea and diarrhea. The pain was achy in nature that worsened with respiration and movement. On physical examination, the abdomen was diffusely tender to palpation with rebound and guarding. Initial labs were significant for leukocytosis 13.5 thou/cmm with bandemia 35% and elevated CRP 407 mg/L. CT abdomen revealed mesenteric edema suggestive of enteritis with a small amount of free fluid. Follow up CT angiogram did not show signs of mesenteric ischemia or vasculitis. Patient was started on antibiotics as well as fentanyl and morphine. However, there was no significant improvement in her clinical symptoms prompting exploratory laparotomy, which revealed purulent peritonitis, but otherwise normal-appearing stomach, duodenum, small bowel, colon,

fallopian tubes, ovaries, and uterus. Given history of unprotected sex with a new partner, there was concern for a urogenital source despite lack of classical symptoms. Subsequent pelvic exam was unrevealing without signs of cervicitis or abnormal discharge. Cervical swab was positive for Gonorrhoea DNA probe. Blood cultures were negative. Patient underwent re-exploration of the peritoneal cavity, which again revealed unremarkable intraabdominal structures. Fluid cultures grew MRSA in broth only, although it was felt that Staphylococcus was noncontributory to her symptoms. Patient was diagnosed with purulent peritonitis secondary to disseminated gonococcal infection. Her symptoms improved and she was safely discharged upon completion of a 10-day course of intravenous ceftriaxone and vancomycin.

Discussion

Our case demonstrates the importance of considering sexually transmitted infections in cases of acute abdomen, which are generally attributed to gastrointestinal sources. This is especially true in light of the growing prevalence of Neisseria gonorrhoea worldwide. Given that most gonococcal infections remain asymptomatic, routine screening should be offered to sexually active individuals at high risk of infection, including those with new sexual partners, multiple sexual partners, or a history of sexually transmitted infections. Furthermore, it is important to encourage evaluation and treatment of sexual partners to prevent further transmission.



Image 1. CT abdomen showing mesenteric edema with a small amount of free fluid.