

On the aetiology of the secondary psoas abscesses

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To the Editor—The recent article published by Wong et al¹ describes an interesting and wide-ranging series of 42 patients with psoas abscesses (PA). The authors encountered a higher frequency of patients with secondary PAs (23) than primary cases (19). Also, spondylodiscitis was the most prevalent cause of secondary PAs in their series but no cases were related to Crohn's disease.

Both in the discussion and the conclusions of their report, the authors state that “the relatively high proportion of secondary PA and their aetiological profiles differed from reported overseas experience”.¹ For us this statement comes as a surprise, because their results are in accordance with most series published in recent years, but these have not been included in their references.²⁻⁴

Their conclusion does not conform to reality and is influenced by a 1986 study that referred to most PA cases described in publications till that time.⁵ However, the results of that study had an important

selection bias as most of the cases referred did not entail computed tomography (CT) as a diagnostic tool, which could have led to missed diagnoses of PA secondary to skeletal origin. The latest literature includes case series that use CT as an imaging test, with results showing that the frequency of PA secondary to skeletal origin or Crohn's disease are similar to those described by Wong et al.²⁻⁴ In line with such results, the largest case series published to date² conclusively corroborates that PA, having a skeletal origin, is the most prevalent secondary form.

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