

가

:

1

.

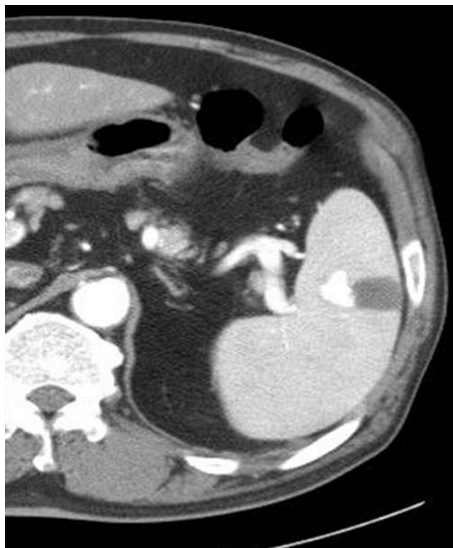
, ,
가. CT 가 가 1
가 .

149,000/mm³ , AST/ALT 204/128 IU/L, /
(1, 2). 3.51/1.1216 mg/dL 가
(spontaneous rupture) BUN 35.73 mg/dL 1.9 mg/dL 가
(diseased spleen) (pathologic
rupture) (1). (pathologic 10
fracture) 가 (eschar)가 가
(2). Orloff Peskin (3)
CT
가 CT
(pseudoaneurysm)가
(Fig. 1). ,
(4 - 7). 가
1
(2). 110/70
(infectious mononucleosis) 가 mmHg, 88 / , 20 / , 36.3
가 (murine 15,270/mm³,
typhus) (7, 8), 12.6 g/dL, 462,000/mm³ .
가 (Scrub typhus) CT
가 (Fig. 2). CT
가
12.1 g/dL
75 가 (rash)
(general weakness) 가 . 6 CT 가
160/100 mmHg, 가
100 / , 21 / , 38.6 .
가 11,000/mm³, 15.5 g/dL,

1966 2000 352 (2). Giagounidis (9)
 (2). 가 (blast cell)
 (congestion), (coagulation disorder),
 가 (polyarteritis
 nodosa) 가
 가
 (2). 가 (hemostatic mechanism)
 가 (2).
 가
 가 (Rickettsia tsutsugamushi)
 (trombiculid mite) (chigger)
 가



A



B

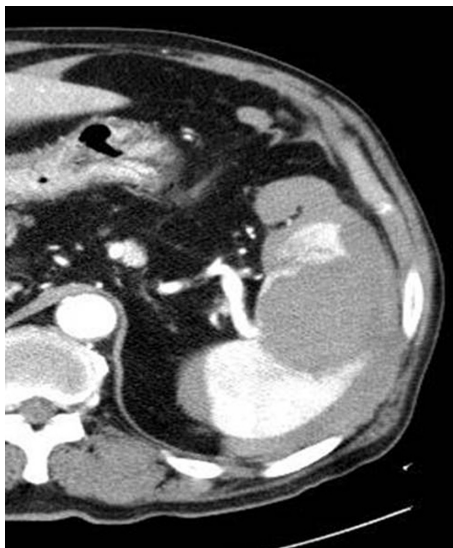
Fig. 1. Initial CT scan of 75-year-old man with scrub typhus.

A. Arterial phase of dynamic CT scan shows small two small well enhanced pseudoaneurysm in parenchyma of the spleen and wedge-shaped low attenuation infarction.

B. Axial CT scan 1 cm caudally shows about 1.5 cm- sized well enhanced pseudoaneurysm with 1.5 cm diameter and infarction.



A



B

Fig. 2. One-week follow-up CT scan of 75-year-old man with scrub typhus.

A. Non-contrast enhanced CT scan shows hyperattenuating round intrasplenic and perisplenic hematoma.

B. After contrast injection, perisplenic and intrasplenic hematoma and discontinuity of splenic margin are well demarcated.

(10).

가

가

가

(10).

가

가

CT

가

가

Endemic Typhus

가 (7, 8).

CT

CT

가

. Radin (8)

가

가

가

가

가

(septic emboli),

(8).

가

가

1. Hyun BH, Varga CF, Rubin RJ. Spontaneous and pathologic rupture of the spleen. *Arch Surg* 1972;104:652-657
2. Debnath D, Valerio D. Atraumatic rupture of the spleen in adults. *J R Coll Surg Edinb* 2002;47:437-435
3. Orloff M, Peskin GW. Spontaneous rupture of the normal spleen, a surgical enigma. *Surg Gynecol Obstet* 1958;106:1-11
4. Rogues AM, Dupon M, Cales V, Malou M, Paty MC, Le Bail B, et al. Spontaneous splenic rupture: an uncommon complication of cytomegalovirus infection. *J Infect* 1994;29:83-85
5. Sherwood P, Sommers A, Shirfield M, Majumdar G. Spontaneous splenic rupture in uncomplicated multiple myeloma. *Leuk Lymphoma* 1996;20:517-519
6. Biswas S, Keddington J, McClanthan J. Large B-cell lymphoma presenting as acute abdominal pain and spontaneous splenic rupture; a case report and review of relevant literature. *World J Emerg Surg* 2006;1:35
7. McKelvey SD, Braidly PC, Stansby GP, Weir WR. Spontaneous splenic rupture associated with murine typhus. *J Infect* 1991;22: 296-297
8. Radin R, Hirbawi IA, Henderson RW. Splenic involvement in endemic (murine) typhus: CT findings. *Abdom Imaging* 2001;26:298-299
9. Giagounidis AA, Burk M, Meckenstock G, Koch AJ, Schneider W. Pathologic rupture of the spleen in hematologic malignancies: two additional cases. *Ann Hematol* 1996;73:297-302
10. Woodward TE. *Rickettsial diseases*. In: Wilson JD, Braunwald EB, Isselbacher KJ, Petersdorf RG, Martin JB, Fauci AS, et al. *Harrison's principles of internal medicine*. 12th ed. New York: McGraw-Hill, Inc. 1991, 753-763

The Pathologic Splenic Rupture of a Patient with Scrub Typhus: A Case Report¹

Kum Rae Kim, M.D., Won Kyu Park, M.D., Jay Chun Chang, M.D., Jae Ho Cho, M.D.,
Jae Woon Kim, M.D., Mi Soo Hwang, M.D., Bok Hwan Park, M.D.

¹Department of Radiology, College of Medicine, Yeungnam University

A pathologic splenic rupture is rare, occurring primarily in a spleen affected by infective, hematological, and neoplastic disease. To the best of our knowledge, no prior reports of a pathologic splenic rupture due to scrub typhus exist. Intrasplenic pseudoaneurysms and focal infarctions are visible on an initial CT scan. Moreover, the spontaneous splenic rupture occurred a week later. We report a case of nontraumatic-splenic rupture in a patient with scrub typhus.

Index words : Spleen
Splenic rupture
Scrub typhus
Typhus, endemic flea-borne

Address reprint requests to : Won Kyu Park, M.D., Department of Diagnostic Radiology, College of Medicine, Yeungnam University,
317-1, Daemyungdong, Namgu, Daegu 705-717, Korea.
Tel. 82-53-620-3048 Fax. 82-53-653-5484 E-mail : wkpark@ynu.ac.kr