

Subphrenic Abscess: The Hidden Danger beneath the Diaphragm and How to Conquer It

Kim Seong-Hyeon*

Department of Surgery, Hanyang University College of Medicine, Seoul, Korea

Introduction

Subphrenic abscess is a serious medical condition that occurs when pus accumulates in the space between the diaphragm and the organs beneath it, such as the liver and spleen. This condition is usually caused by an infection that spreads to this area, and it can result in various symptoms such as fever, abdominal pain, and difficulty breathing. Subphrenic abscess can occur following surgical procedures or as a complication of certain medical conditions such as pancreatitis, perforated peptic ulcers, or gallbladder disease. Without prompt treatment, this condition can lead to severe complications and even death. Therefore, it is crucial to diagnose and treat subphrenic abscess as soon as possible to prevent serious consequences [1,2].

Description

Subphrenic abscess is a condition in which an accumulation of pus occurs in the space between the diaphragm and the organs beneath it. This area is known as the subphrenic space and is located just below the lungs and above the liver and spleen. The diaphragm is a large muscle that separates the chest cavity from the abdominal cavity, and it plays an important role in breathing. Subphrenic abscess typically occurs as a result of an infection that spreads to the subphrenic space from nearby organs or tissues. Common causes of subphrenic abscess include surgery, especially abdominal surgery, and medical conditions such as pancreatitis, perforated peptic ulcers, or gallbladder disease. In some cases, subphrenic abscess can also occur as a complication of trauma or injury to the abdominal area [3].

The symptoms of subphrenic abscess can vary depending on the severity of the infection and the location of the abscess. Common symptoms include fever, abdominal pain, difficulty breathing, and a rapid heart rate. Patients may also experience nausea, vomiting, and a general feeling of illness. Diagnosis of subphrenic abscess typically involves a combination of physical examination, imaging tests, and laboratory tests. The physician may perform a physical examination to check for signs of infection, such as swelling, tenderness, and redness in the abdominal area. Imaging tests, such as CT scans or ultrasound, can help identify the location and extent of the abscess. Blood tests may also be performed to check for signs of infection or inflammation [4].

Treatment of subphrenic abscess usually involves a combination of antibiotics and drainage of the abscess. Antibiotics are typically administered intravenously to help fight the infection, and drainage may be performed either through a needle or a surgical procedure. In some cases, surgery may be necessary to remove the abscess completely. Without prompt treatment,

subphrenic abscess can lead to serious complications such as sepsis, organ failure, and even death. Therefore, it is important to seek medical attention if you experience symptoms of subphrenic abscess or if you have a medical condition that increases your risk of developing this condition [5].

Conclusion

In conclusion, subphrenic abscess is a potentially serious medical condition that can occur as a result of infection, surgery, or certain medical conditions. Early diagnosis and treatment are essential to prevent complications and ensure a full recovery. Treatment typically involves a combination of antibiotics and drainage, and supportive care may also be necessary to manage symptoms and prevent complications. With proper medical care, most patients can recover fully and avoid serious consequences. If you experience symptoms of subphrenic abscess or have a medical condition that increases your risk, it is important to seek medical attention promptly to receive proper diagnosis and treatment.

Acknowledgement

None.

Conflict of Interest

None.

References

1. De Figueiredo, Giovanna Negrão and Christoph G. Trumm. "CT-Guided Biopsy and Drainage." *Multislice CT* (2019): 893-924.
2. Chen, L., Y. Kim, K. A. Santucci, J. F. Holmes and C. H. Chang, et al. "Emergency and critical care medicine." *Ann Emerg Med* 46 (2005): 456-461.
3. Sartelli, Massimo, Fausto Catena, Luca Ansaloni and Mark Malangoni, et al. "Complicated intra-abdominal infections worldwide: The definitive data of the CIAOW Study." *World J Emerg Surg* 9 (2014): 1-10.
4. Kiran RP, El-Gazzaz H, Vogel JD, et al. "Laparoscopic versus open ileocolic resection for small bowel Crohn's disease" *Ann Surg* 5 (2011): 944-949.
5. Dass TA, Jain SK, Jain M, et al. "Subphrenic abscess: review of 50 cases". *Indian J Surg* 5 (2012): 383-389.

*Address for Correspondence: Kim Seong-Hyeon, Department of Surgery, Hanyang University College of Medicine, Seoul, Korea; E-mail: Kimseong36@gmail.com

Copyright: © 2023 Seong-Hyeon K. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 31 December 2023, Manuscript No. jidm-23-94580; Editor Assigned: 03 January 2023, PreQC No. P-94580; Reviewed: 17 January 2023, QC No. Q-94580; Revised: 23 January 2023, Manuscript No. R-94580; Published: 31 January 2023, DOI:10.37421/2576-1420.2023.8.277

How to cite this article: Seong-Hyeon, Kim. "Subphrenic Abscess: The Hidden Danger beneath the Diaphragm and How to Conquer It." *J Infect Dis Med* 8 (2023): 277.