

## A Case of the 10 days

### Case 395

An eighty-eight-year-old female was transported from nursing home to our hospital by ambulance car for labored breathing and dyspnea. She suffered from dementia and bilateral femur head necrosis. She took abdomen CT for suspicious urinary tract infection (Figs 1-3).

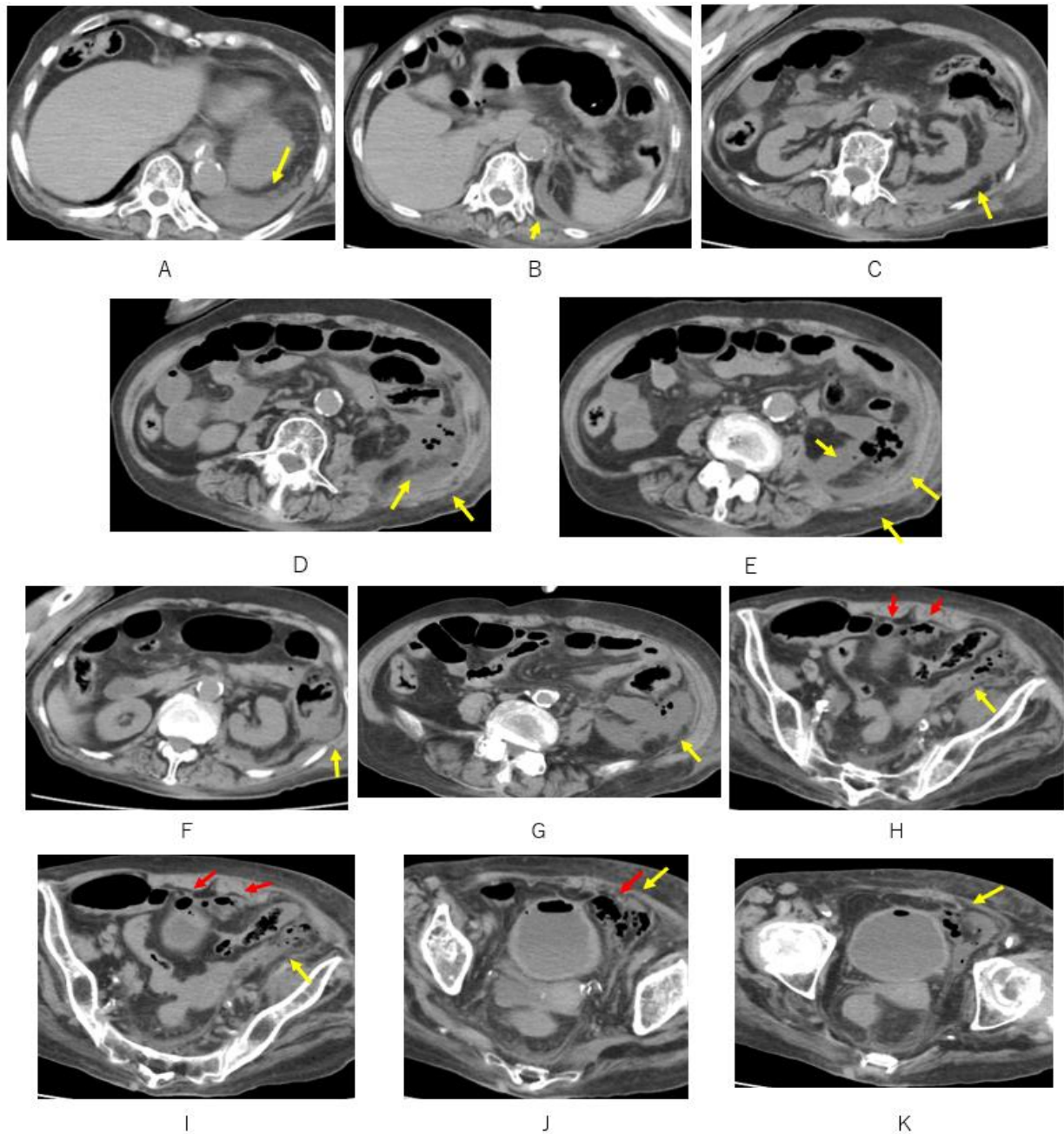


Fig.1 On axial CT, left pleural effusion (A, B arrow) is infiltrated or connected to posterior pararenal space along with fascia between fat tissues (C-E arrow) creating gas formation of abscess (D, E). Inflammatory fluids infiltrate downward along with fascia (F-K, yellow arrow). Gas-bubbles of abscess connect from left lateral to urinary bladder to upper of urinary bladder (K-I, red arrow).

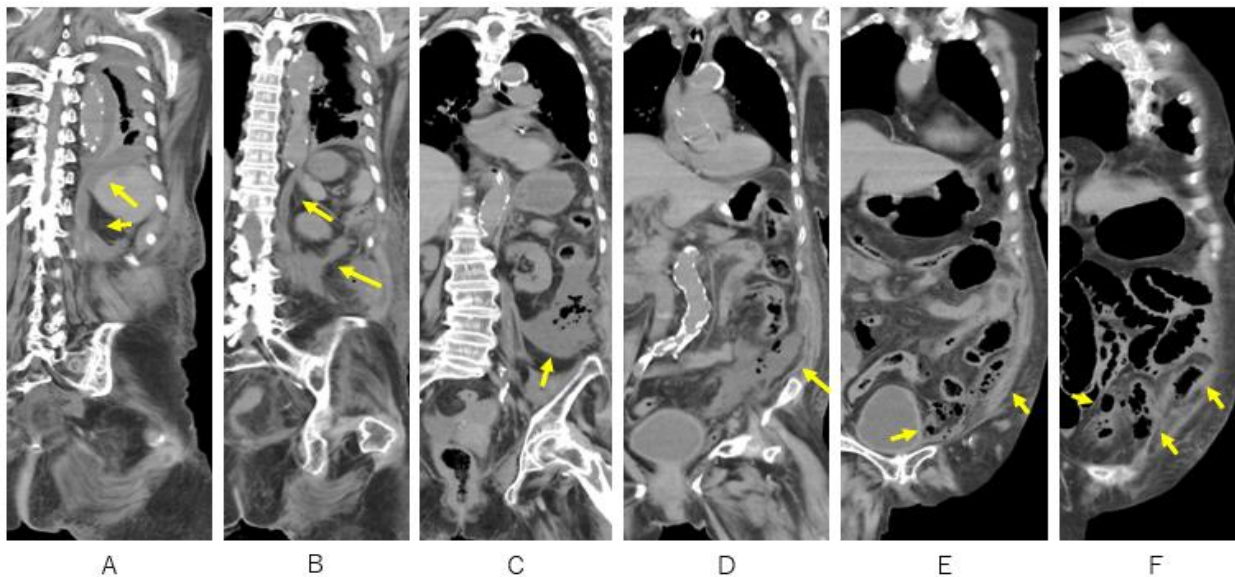


Fig.2 On corona CT, inflammatory fluids downward from pleural space to posterior pararenal space (A, B arrow), to communication between pararenal spaces between anterior and posterior (C). Further, inflammatory fluids with gas formation connect to pelvic extra-peritoneal space (D-F), reaching left para-urinary bladder space (E, arrow) and supra urinary bladder space (F, arrow).

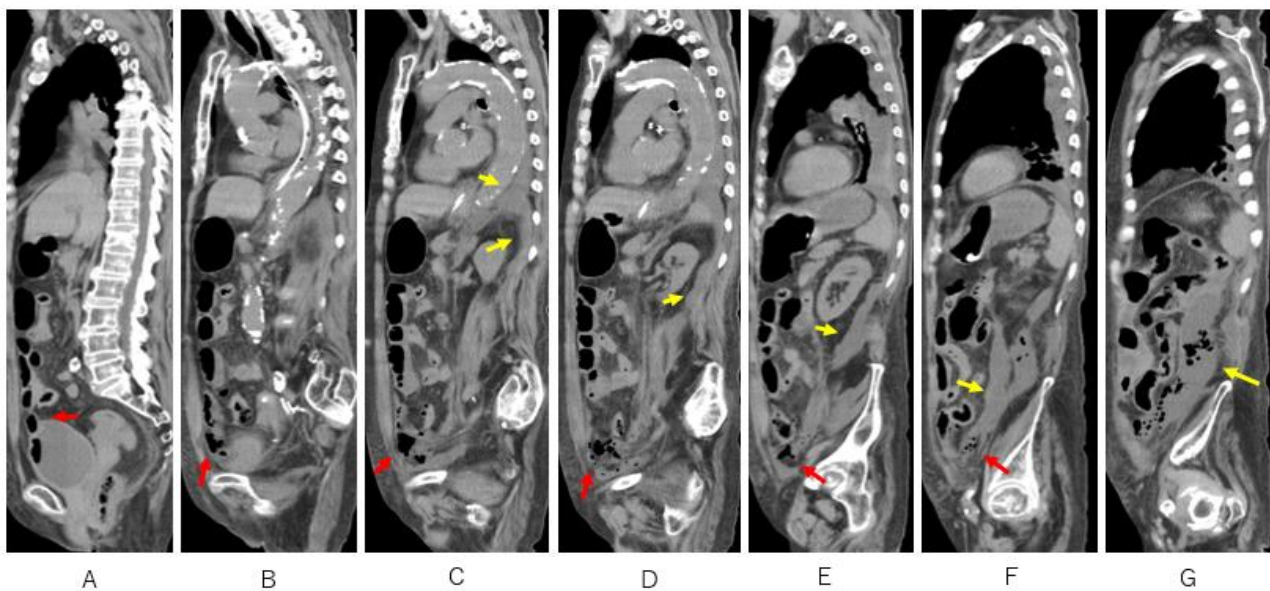


Fig. 3 Gas formation connect from supra urinary bladder space (A red arrow) to left lateral urinary bladder space (B-E red arrow), reaching inflammatory fluids at pelvic extraperitoneal space (E, F red arrow), infiltrating upwards via both para-renal spaces of anterior and posterior (G, C yellow arrow), leading to pleural space (C, yellow arrow).

## What is an imaging diagnosis?

---

1. **Urinoma**
2. **Intraperitoneal abscess**
3. **Extraperitoneal abscess**
4. **Perforation from digestive organ**
5. **Retroperitoneal tumor**

answer

2025.7.18