

## CLINICAL IMAGE

## The finger on the sore spot

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### Case history

A 61-year-old man was admitted to the intensive care unit (ICU) with hypoxaemia caused by an aspiration pneumonia. Because of persistent hypoxaemia, a computer tomography (CT) angiogram of the thorax was performed which showed bilateral multiple sub-segmental pulmonary emboli with pulmonary infarction. During his ICU stay the patient developed fever, which was initially judged to be caused by secondary infection of the pulmonary infarction. Because of a persistent infectious state without a clear diagnosis, a CT of the chest and abdomen was performed which demonstrated a perianal abscess (*figure 1*). Surgical drainage was carried out with rapid improvement in the clinical status. It has been debated whether the digital rectal examination should still be a recommended skill of a physician. This case history with clinical image confirms that in the ICU, fever of unknown origin requires a physical examination including digital rectal examination. An anorectal abscess in patients with decreased consciousness or immune compromised status is difficult to diagnose without performing a complete physical examination. Obviating this may lead to too many diagnostic tests and delayed treatment with unnecessary morbidity and mortality. Compared with a CT scan a digital rectal examination is directly available, carries no costs and leads to the diagnosis in 94% of the cases. Moreover, a CT scan means radiation exposure, an additional potential threat to renal function by use of iodinated contrast and potentially harmful transport of an ICU patient. Additional radiological examinations such as CT scans should be limited to the group of patients with complex and returning infections.

**Figure 1.** CT scan of the sacral region demonstrating a perianal abscess (arrow)

