The diagnosis of an intraperitoneal abscess is usually difficult. The clinical manifestation may vary, fever and abdominal discomfort ranging from minimal to severe. Anorexia, nausea, vomiting, and diarrhea or constipation are common features.

A 54-year-old male, after two weeks hospitalization referred with the diagnosis of appendix infiltrate and melena. He was treated with TPN, omeprazole, sucralfat, fosfomycin 2x2gram, amikasin 2x500mg, and metronidazole 3x500mg. He was still suffering from abdominal pain, fever and total loss of appetite.

On admission his chief complaint was pain and enlargement of the right abdomen. His nasogastric tube produced red colored fluid, vomit and nausea. Two years before he had a pancreatic cyst and had undergone laparotomy. He looked moderately ill, normal vital signs. The abdomen showed an enlargement on the right part and pain on palpation. Rectal examination revealed blood clots. Laboratory results: anemia, leukocytosis, thrombocytosis, hypoalbumin, and hsCRP 275.766mg/L.

The patient was given ceftriaxon 1 x 2 gram, metronidazole 3 x 500 mg, levofloxacn 1 x 500 mg, TPN, omeprazole, sucralfat, and albumin infusion. The CT-scan: intraperitoneal multi abscess. An abdominal drainage surgical intervention in this case was performed by the late dr. Ibrahim Ahmadsyah. Serous fluid poured out and evaluated for 5 days. The culture: streptococcus alpha hemolyticus. The condition improved dramatically after drainage, temperature normalized and pain in the

Figure. Clock wise = abdominal CT-scan with contrast showed abscess intra peritoneal (marked)
abdomen disappeared. Antibiotics were switched to oral moxifloxacin 1 x 400 mg. The laboratory results: decreased hsCRP (34.703 mg/L). He was discharged in good clinical condition.

The occurrence of an intraperitoneal multi-abscess is very rare. The cause of the abscesses in this patient could be due to local mucosal contamination. The sterile culture could be because of the administration of antibiotics previously. The consideration of giving the appropriate antibiotics, surgical intervention and fluid was very important for survival. The combination of antimicrobial agent gram negative, aerobe and anaerobe is of primary important.