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# ***Clostridium perfringens* related spleen gangrene**

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G. Dumas and E. Maury wrote the manuscript; G. Dumas, E. Maury, J. Tankovic and N. Bigé collected the data.

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**Text:**

A 48-year old man with no previous medical history was admitted to the intensive care unit for febrile dyspnea and abdominal pain. Abdominal palpation disclosed pain of the left flank without guarding. There was no argument for disseminated intravascular coagulation or intravascular hemolysis. Echocardiography noticed enlarged right ventricle without argument for *patent foramen ovale*. Thoracoabdominal CT scan revealed bilateral pulmonary embolism, non-occlusive thrombi of coeliac, superior mesenteric and splenic arteries with an intra-splenic gaseous collection (figure 1). No peritoneal effusion was noticed during laparoscopic splenectomy, but surgeons reported a foul-smelling odor. Splenic sample were positive for *Clostridium perfringens*.

**Figure legend:**

Abdominal CT scan of a 48-year old man with left flank pain and fever.

Panel 1a: voluminous splenic infarct with intra splenic gaseous collection (C) and partial thrombus of superior mesenteric artery.

Panel 1b and 1c: Maximum Intensity Projection (MIP) reconstructed image demonstrates thrombosis (arrows) of celiac trunk (1b) and splenic artery (1c). Splenic collection (C) is also demonstrated.