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**Literature search results**

**Search completed for:**

**Search required by:** 27/03/2015

**Search completed on:** 26/03/2015

**Search completed by:** Lesley Firth

**Search details**

Pyomyositis and diabetes

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; CINAHL; MEDLINE; Google Scholar

*Database search terms*: (pyomyositis OR "myositis tropicans"), diabet*

*Evidence / Google Scholar search string(s)*: pyomyositis (diabetes OR diabetic)

**Guidelines and Policy**

*Infectious Diseases Society of America*

Practice guidelines for the diagnosis and management of skin and soft-tissue infections. 2005

Pyomyositis, which is caused mainly by S. aureus, is the presence of pus within individual muscle groups. Occasionally, S. pneumoniae or a gram-negative enteric bacillus is responsible. Blood culture results are positive in 5%–30% of cases. Because of its geographical distribution, this condition is often called “tropical pyomyositis,” but cases are increasingly recognized in temperate climates, especially in patients with HIV infection or diabetes [104]. Presenting findings are localized pain in a single muscle group, muscle spasm, and fever. The disease occurs most often in an extremity, but any muscle group can be involved, including the psoas or trunk muscles. Initially, it may not be possible to palpate a discrete abscess because the infection is localized deep within the muscle, but the area has
a firm, wooden feel associated with pain and tenderness. In the early stages, ultrasonography or CT scan may be performed to differentiate this entity from a deep venous thrombosis. In more advanced cases, a bulging abscess is usually clinically apparent. Appropriate antibiotics plus extensive surgical incision and drainage are required for appropriate management.

Evidence Reviews

Nothing found

Published Research – Databases

Title: Development of bilateral gluteal pyomyositis during treatment of acute pyelonephritis in a patient with diabetes.
Citation: Korean Journal of Internal Medicine, March 2015, vol./is. 30/2(256-8), 1226-3303;2005-6648 (2015 Mar)
Author(s): Kim JH, Yhim HY, Park JH
Language: English
Publication type: Journal Article
Source: MEDLINE
Full text: Available National Library of Medicine at Korean Journal of Internal Medicine

Title: Neurologic infections in diabetes mellitus.
Citation: Handbook of Clinical Neurology, 2014, vol./is. 126/(175-94), 0072-9752;0072-9752 (2014)
Author(s): Jay CA, Solbrig MV
Language: English
Abstract: Even at a time when HIV/AIDS and immunosuppressive therapy have increased the number of individuals living with significant immunocompromise, diabetes mellitus (DM) remains a major comorbid disorder for several rare but potentially lethal infections, including rhino-orbital-cerebral mucormycosis and malignant external otitis. DM is also a commonly associated condition in patients with nontropical pyomyositis, pyogenic spinal infections, Listeria meningitis, and blastomycosis. As West Nile virus spread to and across North America over a decade ago, DM appeared in many series as a risk factor for death or neuroinvasive disease. More recently, in several large international population-based studies, DM was identified as a risk factor for herpes zoster. The relationships among infection, DM, and the nervous system are multidirectional. Viral infections have been implicated in the pathogenesis of type 1 and type 2 DM, while parasitic infections have been hypothesized to protect against autoimmune disorders, including type 1 DM. DM-related neurologic disease can predispose to systemic infection - polyneuropathy is the predominant risk factor for diabetic foot infection. Because prognosis for many neurologic infections depends on timely institution of antimicrobial and sometimes surgical therapy, neurologists caring for diabetic patients should be familiar with the clinical features of the neuroinfectious syndromes associated with DM.
Publication type: Journal Article
Source: MEDLINE

Title: Lower extremities and iliopsoas pyomyositis with concurrent septic arthritis and spinal epidural abscess in a diabetic patient.
Citation: Diabetes Research & Clinical Practice, October 2013, vol./is. 102/1(e13-5), 0168-8227;1872-8227 (2013 Oct)
Pyomyositis is a rarely encountered infection among diabetics, which usually affects lower extremities. Herein, we present a case of lower extremities and iliopectoas pyomyositis with concurrent septic arthritis and spinal epidural abscess in a patient with poorly controlled diabetes mellitus. Copyright © 2013 Elsevier Ireland Ltd. All rights reserved.

Title: Diabetic musculoskeletal complications and their imaging mimics.
Citation: Radiographics, November 2012, vol./is. 32/7(1959-74), 0271-5333;1527-1323 (2012 Nov-Dec)

Diabetes mellitus is increasingly prevalent and results in various clinically important musculoskeletal disorders affecting the limbs, feet, and spine as well as in widely recognized end-organ complications such as neuropathy, nephropathy, and retinopathy. Diabetic muscle ischemia—a self-limiting disorder—may be confused with infectious or inflammatory myositis, venous thrombosis, or compartment syndrome. The absence of fever and leukocytosis, combined with the presence of bilaterally distributed lesions in multiple and often noncontiguous muscles in the legs, including the thighs, is suggestive of ischemia; by contrast, the presence of well-defined intramuscular abscesses with rimlike enhancement favors a diagnosis of infectious pyomyositis. In the diabetic foot, an ulcer, sinus tract, or abscess with an adjacent region of abnormal signal intensity in bone marrow favors the diagnosis of pedal osteomyelitis over that of neuropathic arthropathy. Contrast material-enhanced magnetic resonance imaging is important when planning the treatment of foot infections in diabetic patients because it allows the differentiation of viable tissue from necrotic regions that require surgical debridement in addition to antibiotic therapy. Subtraction images are particularly useful for visualizing nonviable tissue. Dialysis-associated spondyloarthropathy characteristically occurs in diabetic patients with a long history of hemodialysis. Intervertebral disk space narrowing without T2 signal hyperintensity, extensive endplate erosions without endplate remodeling, and facet joint involvement are suggestive of spondyloarthropathy instead of infectious diskitis or degenerative disk disease. Although the clinical features of these conditions may overlap, knowledge of the patient's medical history, coupled with recognition of key imaging characteristics, allows the radiologist to make a prompt and correct diagnosis that leads to appropriate management.

Title: Tropical pyomyositis and necrotizing fasciitis.
Citation: Seminars in Musculoskeletal Radiology, November 2011, vol./is. 15/5(489-505), 1089-7860;1098-898X (2011 Nov)

Pyomyositis is a purulent infection of skeletal muscle that arises from hematogenous spread, usually with abscess formation. Necrotizing fasciitis is a more severe, rapidly progressive infection involving the superficial and deep fascia with necrosis and fluid collections that can be life threatening if left untreated. Both conditions may coexist, and concomitant cellulitis is often seen. A high incidence of these diseases occurs in the tropics, but they are increasingly being seen in temperate countries, due in part to their association with immunodeficiency conditions such as human immunodeficiency virus (HIV) infection, diabetes
mellitus, and organ transplantation. This article aims to familiarize physicians with these entities, review their clinical manifestations and imaging features, and highlight the role of imaging in the management of patients with these conditions.

**Publication type:** Journal Article, Review

**Source:** MEDLINE

**Title:** Pyomyositis.

**Citation:** Journal of Diabetes & its Complications, September 2011, vol./is. 25/5(346-8), 1056-8727;1873-460X (2011 Sep-Oct)

**Author(s):** Marath H, Yates M, Lee M, Dhatariya K

**Language:** English

**Abstract:** Poorly controlled diabetes is associated with an increased risk of infectious complications. With the increasing prevalence of diabetes, many more people are being looked after in primary care. We describe a case of pyomyositis, a potentially severe but uncommon complication of poorly controlled diabetes that was not recognised in the community. Clinicians looking after people with diabetes need to be aware that prolonged, unexplained symptoms need specialist assessment. Copyright © 2011 Elsevier Inc. All rights reserved.

**Publication type:** Case Reports, Journal Article

**Source:** MEDLINE

**Full text:** Available ProQuest at Journal of Diabetes and its Complications

**Title:** Multifocal pyomyositis and meningitis after bone marrow biopsy in a diabetic patient.

**Citation:** Giornale di Chirurgia, April 2011, vol./is. 32/4(185-7), 0391-9005;0391-9005 (2011 Apr)

**Author(s):** Charitidis C, Stampolidis N, Falidas E, Tsochataridis E

**Language:** English

**Abstract:** Primary or tropical pyomyositis is a subacute infection of the skeletal muscle complicated by abscess formation. The disease is rare in the temperate climates and often misdiagnosed because of the vague clinical presentation. We herein report a case of a 38-year-old diabetic patient with a history of recent bone marrow biopsy presented multifocal primary pyomyositis complicated by meningitis.

**Publication type:** Case Reports, Journal Article

**Source:** MEDLINE

**Full text:** Available Directory of Open Access Journals at Il Giornale di Chirurgia

**Title:** Pyomyositis mimicking osteomyelitis detected by SPET/CT.

**Citation:** Hellenic Journal of Nuclear Medicine, September 2010, vol./is. 13/3(277-9), 1790-5427;1790-5427 (2010 Sep-Dec)

**Author(s):** Abdullah ZS, Khan MU, Kodali SK, Javaid A

**Language:** English

**Abstract:** Pyomyositis is a relatively infrequent, sub-acute primary bacterial muscle infection, which due to its non specific clinical findings is unlikely to be early diagnosed especially in diabetic patients. This diagnostic delay may be fatal. Therefore, early diagnosis and prompt treatment are imperative. We present a poorly-controlled diabetic patient who was referred to our Nuclear Medicine department for a bone scan to evaluate osteomyelitis. Routine three-phase-planar-scintigraphy was falsely positive for osteomyelitis in the left fibula, however, single photon emission tomography (SPET/CT) images clearly showed abnormal uptake in the calf muscles rather than the bone with evidence of low-attenuation lesions in these muscles. SPET/CT and magnetic resonance imaging (MRI) provided essential information to the clinicians to consider other diagnoses rather than osteomyelitis. MRI showed inter and intra-muscular collections consistent with multiple abscesses. Based on medical history, SPET/CT and MRI findings, the
diagnosis of pyomyositis was established. The patient underwent successfully multiple incision-drainage procedures with subsequent intravenous antibiotic treatment and was discharged after complete recovery. In conclusion we advocate the use of SPET/CT for the detection of pyomyositis.

**Publication type:** Case Reports, Journal Article  
**Source:** MEDLINE  
**Full text:** Available Free Access Content at [Hellenic Journal of Nuclear Medicine](http://www.ncbi.nlm.nih.gov/pubmed)

**Title:** Pyomyositis associated with diabetes mellitus and liver cirrhosis.  
**Citation:** Revista Brasileira de Reumatologia, July 2010, vol./is. 50/4(472-7), 0482-5004;1809-4570 (2010 Jul-Aug)  
**Author(s):** Polizelli DV, Geraldino GC, Narvaes E, Funes E, de Toledo RA, Menin Rde C  
**Language:** English, Portuguese  
**Abstract:** Pyomyositis is a primary infection of the skeletal muscle, occurring most commonly in tropical countries. Adults who develop the disease have, in most cases, associated comorbidities that compromise the immune system, including diabetes mellitus and liver cirrhosis.

**Publication type:** Case Reports, Journal Article  
**Source:** MEDLINE  
**Full text:** Available Directory of Open Access Journals at [Revista Brasileira de Reumatologia](http://www.ncbi.nlm.nih.gov/pubmed)

**Title:** Muscle compromise in diabetes.  
**Citation:** Acta Radiologica, July 2008, vol./is. 49/6(673-9), 0284-1851;1600-0455 (2008 Jul)  
**Author(s):** Yildirim Donmez F, Feldman F  
**Language:** English  
**Abstract:** Muscle compromise associated with diabetes includes muscle infarction, myositis, pyomyositis, and abscess formation. These conditions may also be seen in various other conditions, such as trauma, alcoholism, neoplasia, vasculopathy, HIV infection, and other immunocompromised states and hemoglobinopathies. Due to recent advances in imaging technology, these entities are readily detected and treated at an earlier stage. Different diagnostic modalities may be used, particularly magnetic resonance imaging (MRI), which is best for soft-tissue pathologies. Muscle infarction appears with acute edema and inflammatory changes on T1- and T2-weighted images, enhancing peripherally postcontrast, and nonenhancing central areas suggestive of necrosis, lacking focal fluid collections. The latter feature may help to exclude abscesses, as these mostly present with fluid collections. Pyomyositis in its early period demonstrates ill-defined muscle enlargement with increased signal on T2-weighted images. Myositis shows no signal changes or mild hypointensity on T1-weighted images, but diffuse hyperintensity on T2-weighted images, with no or minimal enhancement following intravenous contrast media. Recognition of these pathologies is important, since management approaches vary depending on the etiology of the muscle involvement and overall status of the patient.

**Publication type:** Journal Article, Review  
**Source:** MEDLINE  
**Full text:** Available EBSCOhost at [Acta Radiologica](http://www.ncbi.nlm.nih.gov/pubmed)

**Title:** Increased oxacillin resistance in thigh pyomyositis in diabetic patients.  
**Citation:** Clinical Orthopaedics & Related Research, June 2008, vol./is. 466/6(1405-9), 0009-921X;1528-1132 (2008 Jun)  
**Author(s):** Zalavras CG, Rigopoulos N, Poultsides L, Patzakis MJ  
**Language:** English  
**Abstract:** UNLABELLED: Thigh abscesses due to pyomyositis are uncommon. To guide empiric antibiotic therapy in diabetics we determined the rate of such
infections due to oxacillin-resistant Staphylococcus aureus and Gram-negative organism infections, and whether the occurrence of oxacillin-resistant pathogens increased during the study period. We retrospectively reviewed 39 adult patients with diabetes mellitus treated for a deep thigh abscess. There were 29 men and 10 women; their mean age was 45 years. Comorbidities were present in 15 patients. S. aureus was the most common pathogen, present in 82% (32/39) of our patients. Gram-negative organisms were cultured in 14% (6/39) of patients and anaerobes in 10% (4/39). The infection was polymicrobial in 12 of 39 patients (31%). Oxacillin-resistant S. aureus comprised 25% (8/32) of infections due to S. aureus. Oxacillin-resistance increased during the last 3 years of this study from one of 18 S. aureus isolates from 1994 to 2004 to seven of 14 isolates from 2004 to 2006. In diabetic patients with thigh pyomyositis, empiric antibiotic therapy should provide broad spectrum coverage for oxacillin-resistant S. aureus, Gram-negative, as well as anaerobic organisms.

**LEVEL OF EVIDENCE:** Level IV, diagnostic study. See the Guidelines for Authors for a complete description of levels of evidence.

**Publication type:** Journal Article

**Source:** MEDLINE

**Full text:** Available National Library of Medicine at Clinical Orthopaedics and Related Research

**Title:** A rare cause of uncontrolled hyperglycaemia: bacterial pyomyositis in two patients with diabetes mellitus.

**Citation:** Diabetic Medicine, November 2007, vol./is. 24/11(1305-6), 0742-3071;0742-3071 (2007 Nov)

**Author(s):** Karaca Z, Tanriverdi F, Alp E, Abravici NO, Ozturk M, Unluhizarci K, Kelestimur F

**Language:** English

**Publication type:** Case Reports, Letter

**Source:** MEDLINE

**Full text:** Available EBSCOhost at Lincoln County Hospital Professional Library

**Full text:** Available EBSCOhost at Diabetic Medicine

**Title:** Pyomyositis with hepatic and perinephric abscesses caused by Candida albicans in a diabetic nephropathy patient.

**Citation:** American Journal of the Medical Sciences, May 2006, vol./is. 331/5(292-4), 0002-9629;0002-9629 (2006 May)

**Author(s):** Tsai SH, Peng YJ, Wang NC

**Language:** English

**Abstract:** Both disseminated candidiasis and pyomyositis are rare and mainly encountered in severely immunocompromised hosts. To our knowledge, Candida albicans related pyomyositis with formation of multiple visceral abscesses in a diabetic nephropathy patient has never previously been reported. A 47-year-old man with diabetic nephropathy and alcoholic liver disease developed disseminated candidiasis, with the initial presentation of pyomyositis. Debridement was performed and intravenous fluconazole commenced. Despite development of a single hepatic and multiple perinephric abscesses, the patient made a full recovery after completion of a 12-week course of intravenous fluconazole therapy. Candida species should be considered a potential pathogen in patients with predisposing factors.

**Publication type:** Case Reports, Journal Article

**Source:** MEDLINE

**Full text:** Available East Midlands Ovid Archive Collection at American Journal of the Medical Sciences

**Title:** Isolated obturator externus muscle abscess presenting as hip pain.

**Citation:** Journal of Emergency Medicine, February 2006, vol./is. 30/2(137-9), 0736-4679;0736-4679 (2006 Feb)
Author(s): Fowler T, Strote J
Language: English
Abstract: The case of a 20-year-old diabetic male with 2 weeks of hip pain, diagnosed with an isolated obturator externus muscle abscess, is reported. Pyomyositis, or abscess formation deep within a large striated muscle, is a rare but potentially life-threatening disease.
Publication type: Case Reports, Journal Article
Source: MEDLINE

Title: Right arm pyomyositis and necrotizing fasciitis complicated with subcutaneous emphysema and pneumomediastinum in a patient with diabetes mellitus and iatrogenic Cushing syndrome.
Citation: Southern Medical Journal, November 2004, vol./is. 97/11(1104-6), 0038-4348:0038-4348 (2004 Nov)
Author(s): Lee CH, Liu JW
Language: English
Abstract: We report a case of subcutaneous emphysema and pneumomediastinum secondary to pyomyositis and necrotizing fasciitis over the right arm of a woman with underlying diabetes mellitus and iatrogenic Cushing syndrome. Gas produced by the culprit pathogen extensively dissected the subcutaneous fat and fascia of the patient's right arm and distantly spread to her face, neck, back, and thoracic wall and penetrated the soft tissue cephalically bordering her sternum, resulting in pneumomediastinum. The patient improved with antimicrobial therapy and localized debridement and fasciotomy over her right arm.
Publication type: Case Reports, Journal Article
Source: MEDLINE
Full text: Available EBSCOhost at Southern Medical Journal

Title: Diabetic pyomyositis: an uncommon cause of a painful leg.
Citation: Diabetes Care, July 2004, vol./is. 27/7(1743-4), 0149-5992;0149-5992 (2004 Jul)
Author(s): Seah MY, Anavekar SN, Savige JA, Burrell LM
Language: English
Publication type: Case Reports, Journal Article
Source: MEDLINE
Full text: Available Highwire Press at Diabetes Care

Title: Type 2 diabetes complicated by multiple pyomyositis.
Citation: Internal Medicine, February 2003, vol./is. 42/2(174-7), 0918-2918;0918-2918 (2003 Feb)
Author(s): Yoneda M, Oda K
Language: English
Abstract: A 40-year-old man was hospitalized due to fever, muscular swelling and pain. He had poorly controlled diabetes with many dental caries and repeated periodontitis. CT revealed multiple intramuscular abscesses; administration of antibiotics and pus drainage were performed. Intraoral infection was suspected as the route of infection of pyomyositis, and a total of six teeth was extracted. In the clinical treatment of diabetic patients, it is important to instruct patients to routinely check for the presence of traumatic injuries of the lower extremities, and to have routine check-ups and dental care to check for dental caries or periodontitis.
Publication type: Case Reports, Journal Article
Source: MEDLINE
Full text: Available J-STAGE at Internal Medicine

Title: Pneumococcal paraspinal pyomyositis in a diabetic man: a case report.
Citation: Diabetes, Obesity & Metabolism, December 2000, vol./is. 2/6(385-6),
Title: Pyomyositis: report of three patients and review of the literature.
Citation: Clinical Pediatrics, August 1996, vol./is. 35/8(397-401), 0009-9228;0009-9228 (1996 Aug)
Author(s): Akman I, Ostrov B, Varma BK, Keenan G
Language: English
Abstract: Pyomyositis is the primary infection of skeletal muscles, accompanied by abscess formation in the supplicative phase but may be without a focal fluid collection in the presuppurative phase. We describe three patients, one with insulin-dependent diabetes mellitus, another with sickle cell disease, and the third a previously healthy child with varicella infection who developed pyomyositis. Ultrasound or magnetic resonance imaging suggested the diagnosis in each case. The patients were treated with intravenous antibiotic therapy and two required abscess drainage. The infection in the third resolved without surgical drainage. None of our patients had residual functional limitations. We believe that a high index of suspicion and prompt diagnosis can prevent complications from pyomyositis.
Publication type: Case Reports, Journal Article, Review
Source: MEDLINE
Full text: Available Free Access Content at Clinical Pediatrics

Title: Primary pyomyositis. Two more cases with atypical presentation in diabetic hosts.
Citation: British Journal of Rheumatology, May 1995, vol./is. 34/5(482-3), 0263-7103;0263-7103 (1995 May)
Author(s): Hernandez Rodriguez I, Fernandez-Martin J
Language: English
Publication type: Case Reports, Letter
Source: MEDLINE

Title: Staphylococcus aureus infections in diabetic patients.
Citation: Infectious Disease Clinics of North America, March 1995, vol./is. 9/1(11-24), 0891-5520;0891-5520 (1995 Mar)
Author(s): Breen JD, Karchmer AW
Language: English
Abstract: Staphylococcus aureus infections may occur with greater frequency among patients with diabetes mellitus. This article reviews the available literature as it pertains to diabetes and S. aureus in three categories: colonization/carriage, bacteremia with or without metastatic complications, and dialysis-related infections. The clinical entity of pyomyositis is also discussed.
Publication type: Journal Article, Review
Source: MEDLINE

Title: Case report: diabetes mellitus as a predisposing factor in the development of pyomyositis.
Citation: American Journal of the Medical Sciences, October 1994, vol./is. 308/4(251-4), 0002-9629;0002-9629 (1994 Oct)
Author(s): Belsky DS, Teates CD, Hartman ML
Language: English
Abstract: Pyomyositis is an uncommon infection in temperate climates, usually...
resulting from Staphylococcus aureus infection of skeletal muscle. In this report, the authors describe a patient with untreated Type 2 diabetes mellitus who suffered nonpenetrating blunt trauma to his left anterior thigh, and S. aureus pyomyositis and secondary osteomyelitis of his proximal tibia and patella subsequently developed as a result of delayed diagnosis and treatment. Patients with diabetes mellitus are at increased risk for the development of pyomyositis because of more frequent S. aureus colonization of skin, nasal mucosa, and oropharynx; a delay in definitive treatment can lead to significant morbidity in these patients. Computed tomography or magnetic resonance imaging may be helpful in the diagnosis of pyomyositis. An anemia of chronic disease may result from this disorder, which resolves with treatment.

**Publication type:** Case Reports, Journal Article  
**Source:** MEDLINE  
**Full text:** Available HathiTrust Digital Library at [American journal of the medical sciences, The](https://www.ncbi.nlm.nih.gov/pubmed/9048837)

**Title:** Nontropical pyomyositis in adults.  
**Citation:** Seminars in Arthritis & Rheumatism, June 1994, vol./is. 23/6(396-405), 0049-0172;0049-0172 (1994 Jun)  
**Author(s):** Gomez-Reino JJ, Aznar JJ, Pablos JL, Diaz-Gonzalez F, Laffon A  
**Language:** English  
**Abstract:** Pyomyositis (PMS) is a primary infection of striated muscle. Recent scanty reports suggest that non-tropical PMS may differ from classical tropical PMS. To address this question, 12 cases of nontropical PMS seen at two hospitals between 1976 and 1992 were reviewed and an English-literature search of similar cases was conducted. Both the series and reported cases are pooled together and herein reported. The age distribution of the 97 patients showed 30-50 and 60-70-year peaks, with a 3:1 (male-female) ratio. Fever, high erythrocyte sedimentation rate, and muscle stiffness or inflammation were present in more than 75% of patients. Muscles of the thigh (54%), back (13%), buttock (11%), arm (9%), or chest wall (4%) were involved. Staphylococci (61%), gram-negative bacilli (16%), streptococci (12%), and fungi (2%) were isolated from muscle specimens. Human immunodeficiency virus infection, diabetes mellitus, hemopoietic disorders, and other conditions with defective neutrophil function were present in 64 patients (66%). Drainage of pus and antibiotic therapy were the standard treatments. The mortality rate reached 10%. Analysis of patients classified by the comorbid condition showed differences in age, causative microorganisms, clinical features, and death rate. It is concluded that several clinical presentations of nontropical PMS are at variance with that of tropical PMS.

**Publication type:** Journal Article, Review  
**Source:** MEDLINE

**Title:** Pyomyositis in a diabetic host.  
**Citation:** West Virginia Medical Journal, June 1992, vol./is. 88/6(236-9), 0043-3284;0043-3284 (1992 Jun)  
**Author(s):** Neely JL  
**Language:** English  
**Abstract:** A case of pyomyositis in a diabetic host is presented. Pyomyositis is occurring more often and clinicians must be aware of this entity, especially in the immunocompromised host. The reasons for more frequent and severe infections in the diabetic patient are outlined.

**Publication type:** Case Reports, Clinical Conference, Journal Article  
**Source:** MEDLINE  
**Full text:** Available Free Access Content at [West Virginia Medical Journal](https://www.ncbi.nlm.nih.gov/pubmed/9048837)

**Title:** Pyomyositis in patients with diabetes mellitus.  
**Citation:** Reviews of Infectious Diseases, September 1991, vol./is. 13/5(797-802),
Pyomyositis is a pyogenic infection of skeletal muscle that is endemic in the tropics and is being recognized with increasing frequency in temperate climates. We report two cases of nonendemic pyomyositis in patients with diabetes mellitus. A review of the literature suggests that diabetes mellitus may be an important risk factor for the development of pyomyositis. Possible mechanisms of this association are discussed.

Title: Pyomyositis in patients with diabetes. Computed tomography as a key to diagnosis.
Citation: Postgraduate Medicine, July 1989, vol./is. 86/1(79-81, 84, 89), 0032-5481;0032-5481 (1989 Jul)
Author(s): Brown RL
Language: English
Abstract: Pyomyositis rarely occurred in nontropical climates in the past but is becoming increasingly recognized in temperate climates. Nevertheless, this diagnostic possibility is often not immediately recognized. Pyomyositis should be considered in diabetic patients with lower-extremity cellulitis who do not respond to presumptively appropriate therapy. A high index of suspicion and documentation with appropriate imaging techniques, aggressive surgical intervention, and adjunctive antibiotic therapy are the keys to prompt resolution without sequelae. The patients in this report were diabetic adults who responded to appropriate therapy after computed tomographic scans, surgical exploration, and cultures established the diagnosis.

Title: Pectoralis pyomyositis: an unusual cause of chest wall pain in a patient with diabetes mellitus and rheumatoid arthritis.
Citation: Journal of Rheumatology, April 1986, vol./is. 13/2(434-6), 0315-162X;0315-162X (1986 Apr)
Author(s): Caldwell DS, Kernodle GW Jr, Seigler HF
Language: English
Abstract: We describe a case of isolated pectoralis swelling and tenderness, without systemic signs of infection, in a North American adult with diabetes mellitus and rheumatoid arthritis. The etiology was discovered to be pyomyositis, usually thought to be a disease of tropical climates. It is the first such case with group B Streptococcus as the causative organism.

Google Scholar

From the 1st fifty results:
Pneumococcal paraspinal pyomyositis in a diabetic man: a case report
Y Watanabe, H Ohashi, T Asahina - Diabetes, Obesity and Metabolism, 2000