Introduction: Psoas sign is a medical finding that indicates irritation to the iliopsoas muscles and is positive when the patient has a painful hip extension. Bilateral psoas abscess is a rare condition with unspecific symptoms. We present the case of bilateral iliopsoas abscess, which bilateral psoas sign is the key diagnostic finding.

Case Presentation: A 71-year-old woman with hypertension, diabetes mellitus, and alcoholic liver cirrhosis presented to emergency department with difficulty in walking. Four months prior to admission, she had started to have trouble in walking, and gradually became bedridden. She also complained appetite loss and general weakness. On physical examination, her vital signs were BP 109/64 mmHg, PR 96 bpm, RR 21 bpm, and BT 38.5°C. She lied on the bed with the flexion position of both hips and knees. Her hip extension is painful bilaterally. Muscle strengths of both legs are slightly weak, but sensory was normal. Abdominal CT scan with contrast revealed bilateral psoas abscess. We started on vancomycin and cefepime intravenously, and metronidazole orally. We also performed drainage. Blood cultures and pus were positive for methicillin-sensitive Staphylococcus aureus. We treated with vancomycin and cefazolin intravenously for six weeks. She was finally discharged to the rehabilitation facility.

Discussion: We found that she had bilateral psoas signs and bilateral psoas muscle involvement was suspected. Therefore we perform CT scan, and the diagnosis of bilateral iliopsoas abscess was made. The symptom of bilateral psoas abscess is nonspecific and the classic triad of fever, back pain, and psoas spasm presents in only 30 percent of patients. Although psoas sign is common in diagnosing appendicitis, they can be caused by iliopsoas abscess and hemorrhage. Our case highlights the specific physical findings help with early diagnosis of rare disease and lead to avoiding unnecessary medical tests.