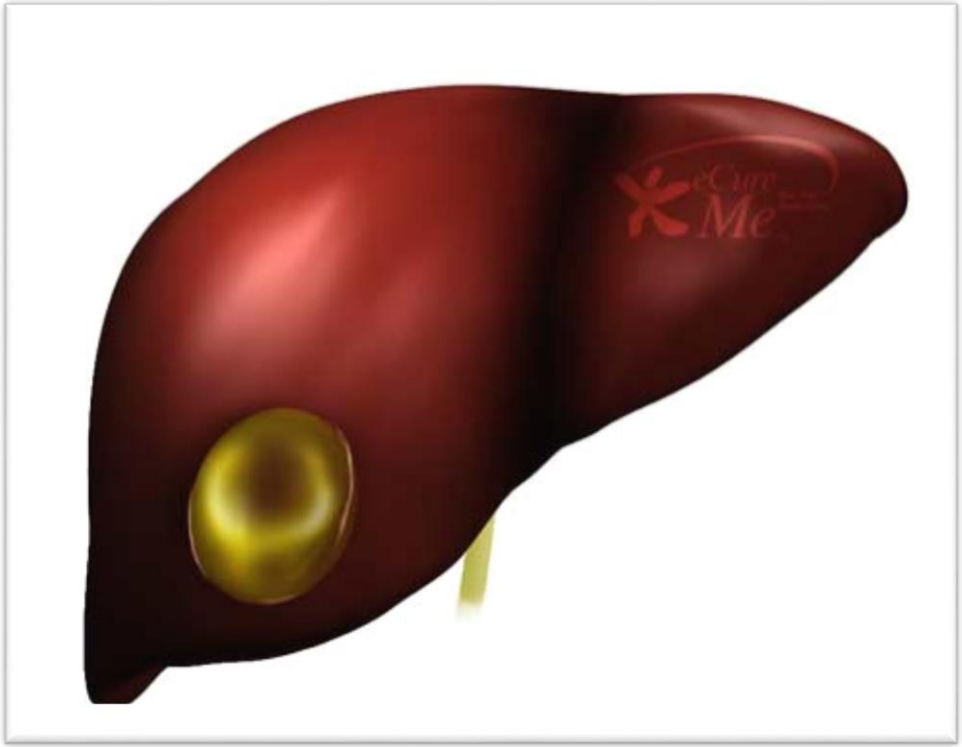
Liver Abscess



LIVER ABSCESS

Pyogenic liver abscess

Amoebic liver abscess

PYOGENIC LIVER ABSCESS

- Common causes include biliary stone disease and other causes of intra-abdominal sepsis, including appendicitis and diverticular disease.
- Usually found in the right lobe
- Occurs secondary to other sources of bacterial sepsis

- The diagnosis is suggested by the finding of a multiloculated cystic mass on ultrasound or CT scan and is confirmed by aspiration for culture and sensitivity.

Causative bacteria

- Escherichia coli- commonest
- Streptococcus milleri
- Klebsiella
- Proteus vulgaris
- Pseudomonas
- Clostridia

Clinical features

- Fever (high) with chills and rigors
- Right upper quadrant pain
- Weight loss
- Jaundice- occasionally
- Intercostal tenderness
- Tender, soft liver

Investigations

Blood →

- Leukocytosis
- Increased alkaline phosphatase

Chest X Ray →

- Elevation of right hemidiaphragm
- R/S pleural effusion
- Soft tissue shadow

CT scan

Treatment

Antibiotics

Penicillin
Aminoglycoside
Metronidazole
Cephalosporin
Metronidazole

ultrasound-guided aspiration

Repeated aspirations may be necessary

AMOEBIC LIVER ABSCESS

- Caused by Entamoeba histolytica
- 7-10 times more frequent in adult men. More common in alcoholic and cirrhotic patients
- spread by the fecal–oral route.

Entamoeba histolytica is endemic in many parts of the world. It exists in vegetative form outside the body and is The most common presentation is with dysentery, but it may also present with an amoebic abscess, the common sites being paracaecal and in the liver

Amoebic cyst

Ingested and develops into the trophozoite form in the colon

passes through the bowel wall

through the bowel wall and to the liver via the

liver

Clinical features

- Persistent fever
- Right upper quadrant pain
- Hepatomegaly- soft, tender, smooth
- Point tenderness over the liver- Intercostal tenderness
- Right pleural effusion- Due to hyperaemia
- Peritonitis due to rupture of abscess
- Empyema
- Retroperitoneal abscess
- Pericardial tamponade

Investigations

- USS
- CT scan
- Chest X ray- for pleural effusion
- Isolation of the parasite from the liver lesion or the stool

Treatment

- Oral or IV Metronidazole (400– 800 mg tds for 7–10 days)
- Oral or IV Ciprofloxacin- for control of 2ry infection
- Needle aspiration
- Surgery- Rarely needed