

A Study of Amoebic Liver Abscesses from Mumbai, India

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Background

- Microbial contamination of the liver parenchyma leading to liver abscess can occur via the bile ducts or vessels or directly, by contiguity.
- In India, amoebiasis is endemic and amoebic liver abscess (ALA) is the most common extraintestinal site of involvement.
- The epidemiology and characteristics of ALA have changed and the distinguishing features between pyogenic and amoebic liver abscess are unclear.

Methods

- 32 consecutive patients presenting with liver abscess were included over a period of 18 months.
- Their demographic profile, comorbidities, characteristics of the abscesses on imaging (number, size, liquefaction, lobe involved, etc), complications, treatment given (both medical and interventional) were recorded.
- The abscess size was monitored by periodic sonography, both for liquification and response to therapy.

Table 1 : Showing de	emographic profile of	the patients
Total: 32 Patients	Males: 26 (81.25%)	Females: 6 (18.75%)

Chronic Alcoholics: 6/32 (18.75%)



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Table 2: Comorbidities Distrib	<u>ution</u>
Comorbidities:	
Only HT	1
DM+HT	2
Only DM	4
CLD	2
Carcinoma buccal mucosa	2
DM : diabetes mellitus HT : hypertension	
One patient was detected	d to be HBsAg positi

Table 3 : Show	ing the characteristics of
Type of absce	ess
a) Amoebic :	29/32 (90.63%)
Number of al	osesses
a) Single :	20/32 (62.5%)
Lobes Involve	ed
a) Right : 46/5	0 (92 %)
Size of the ab	scesses : (Out of 50 ab
a) <5 cms :	16/50 (32%)
Local Complie Rupture : 11/32	
a) Perihepatic r	region : 8/32 (25%)
Laboratory In	vestigations :
Raised bilirubir (34.375%)	n : 11/32 Ra 24
•50 abscesses abdomen were	haemagglutination were present in 32 paties e performed nt hypochondrial pain w

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CLD with CK HT with CM	(D with DM with IV viremia	1	Abdominal Tubero	culosis	1
HT+OA		1	DM with Pyelone	phritis	1
RVD		1	Nil		15 (46.87%)
Post KTR		1			
PTB with CO)VID 19	1			
CMV : cytomegal OA : osteoarthrit		CLD : chronic liver disease CKD : chronic kidney disease) : retroviral disease R : kidney transplant
/e					
	Re	<u>sults</u>			
the liver abscesses	and complica	tions			
b) Pyoger	nic : 2/32 (6.25%)	c) Cholangitic	: 1/32 (3	3.125%)
b) Two	: 9/32	(28.125%)	c) Four :	3/32	(9.375%)
		b) Left : 4/50 (8 %)			
scesses)					
b) 5-10 cr	ms : 29/5	0 (58%)	c) 10-15 cms :	5/50	D (10%)
,	,		,		
		b) Right pleural cavity :	3/32 (9.375%	6)	
sed Alkaline phosp /32 (75%)	hatase :	Raised IHA : 7/29 (24	4.14%) Ra	aised WB	C: 21/32 (65.63%)
nts ; Both sonograp	·	•One patient of chronic •Risk factors for ruptur •Majority of the absces	e were large an	d multipl	e abscesses
ere the commonest d multiple abscesse acter and proteus n	es	 presentation All underwent percuta Stool examination did 			
complications		patients			

• A male preponderance was observed. 50 abscesses were noted in the 32 patients. 29 patients (90.63%) had ALA, 2 pyogenic (6.25%) and 1 cholangitic (3.125%).

4. Ghosh, Soumik, et al. "Clinical, laboratory, and management profile in patients of liver abscess from northern India." Journal of tropical *medicine* 2014 (2014).

2% were in the right lobe. Majority were nliquified / partially liquified at presentation. ll underwent percutaneous drainage. 11 34.375%) had rupture, with majority (25%) eing in the perihepatic space.

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ever and RHC pain were common complaints. hronic diarrhoea was noted in only 4 (12.5%) atients.

Il ALA were treated with IV metronidazole for -4 weeks and a luminal amoebicide with a good esponse. Only 2 patients expired, due to their omorbidities.

Conclusion

he traditional belief that amoebiasis causes olitary abscess and bacteria cause multiple oscesses does not hold true anymore.

eucocytosis is seen with ALA too.

lcoholism and underlying comorbidities are not rerequisites for developing liver abscess.

combination of medical and interventional erapy produces good results, even with multiple oscesses.

References

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