

Case Report- An unusual presentation of sterile liver abscess without precipitating factors

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Abstract

We report a case of 27-year-old gentleman presented with 7-day history of fever and rigors associated with diarrhoea and vomiting. He had no significant past medical history. There was no history of illicit drug use and no recent history of travel abroad. On examination he had temperature of 38.3 degree centigrade with heart rate of 120 beats per minute. His abdomen was soft, non-tender and had positive bowel sounds.

Investigation revealed white cell count (WCC) of $23.8 \times 10^9/L$, c-reactive protein (CRP) of 346mg/L, total bilirubin (TB) of 24 $\mu\text{mol/L}$, alkaline phosphatase (ALP) of 266IU/L, alanine transferase (ALT) of 84 IU/L and albumin of 32g/L. An ultrasound abdomen showed a 7.8cm x 5.7cm, mixed echogenic lesion with liquefied necrotic tissue suggestive of a hepatic abscess (Figure 1). CT abdomen showed a 6 x 5 x 4.5 cm solitary relatively thin-walled multiloculated rounded lesion in segment 8/7 of the liver suggestive of a pyogenic liver abscess (Figure 2). The patient underwent an ultrasound-guided drainage of the abscess which yielded sterile pus. The patient had cultures of blood, stool and urine which all came back as negative for any microorganisms. The enteric parasitic panel did not show any abnormality. The patient was given intravenous piperacillin with tazobactam initially and was switched to oral ciprofloxacin which he took for 6 weeks. Follow-up ultrasound liver after completing the course of antibiotics showed complete resolution of the abscess.

This case demonstrates liver abscess, though rare in the UK, can be sterile especially in young age group without predisposing risk factors. Recognition of variable presentation of liver abscess is vital, considering the curable nature of this disease and potentially fatal outcome of untreated abscess.

Bibliography

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[16th Online Edition of European Gastroenterology and Hepatology Congress](#); - June 26, 2020.

Abstract Citation:

Baloch, Shumaila, Case Report- An unusual presentation of sterile liver abscess without precipitating factors, Gastro Conference 2020, 16th Online Edition of European Gastroenterology and Hepatology Congress- June 26, 2020