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ANSWER TO PHOTO QUIZ

A large liver lesion

Keywords - amoebiasis, liver abscess, entamoebe histolytica

Diagnosis

As we were unable to find a definitive cause for the septic shock, it was decided to perform a diagnostic laparotomy. Many fibrinous depositions throughout the peritoneal cavity were seen, 8 litres of ascites was evacuated, but no clear reason for the small-bowel distention was revealed, nor was perforation of a hollow organ detected. A liver lesion was identified and needle aspiration performed, revealing a brownish fluid. The ascites and aspirate were cultured and the patient was postoperatively admitted to the intensive care unit (ICU).

Postoperatively, a diagnosis of Entamoebe histolytica liver abscess was suspected – triggered by the unusual large lesion combined with the brownish fluid aspirated – and (days) later confirmed by molecular diagnostics on serum and the aspirate. In retrospect we believe the abscess must have perforated or leaked into the abdominal cavity, explaining the septic shock and paralytic ileus. The abscess was drained under ultrasound guidance. In the following weeks he had multiple (repeat) drainages and recovered slowly, due to ICU-acquired weakness and prolonged weaning from the ventilator. He had been treated with metronidazole for two weeks, followed by another two weeks of treatment with clioquinol. He developed a biloma, requiring endoscopic retrograde cholangiopancreaticography with stenting and prolonged drainage. After a total of 40 days in hospital (of which 25 on the ICU) he could finally be discharged and recovered fully.

E. histolytica is a protozoan, common in Southeast Asia, Africa, and Central and South America, with an estimated 50 million people affected worldwide per year, but uncommon in Northern America and Europe.[1] Through travel and migration, infections are more commonly seen in nonendemic areas.

Transmission is through the faecal-oral route. Infection, amoebiasis, is most commonly asymptomatic, but can cause intestinal disease or less often extra-intestinal disease such as liver abscess, pneumonia or pericarditis.[1,2] Amoebic liver abscesses are usually unilocular and solitary, typically seen in the right hepatic lobe, but can be indistinguishable from pyogenic abscesses. Treatment is with metronidazole and should be followed by a luminal agent (such as clioquinol, or alternatively paromomycin) to assure the parasites are cleared to prevent relapse. The incubation period for *E. histolytica* ranges from weeks to years after initial infection.[1] In our case, the patient's most recent travel to Entamoebe-endemic areas was over 10 years ago.

Disclosures

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References

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