Amoebic Liver Abscess
CLINICAL FEATURES

• Passing blood with mucus with stools or repeated Diarrhoea
• H/O Alcoholism
• Fever with rigor with profuse sweating
• Pain is constant in the liver area
• Intercostal fullness in the right lower ribs with tenderness
• Moderate to large tender liver
• Tenderness and muscle guarding and rigidity in acute cases
CF (Contd..)

- Shifting dullness may be present due to ascites
- Moderate Leucocytosis, diminished movement of diaphragm during screening of the patient due to perihepatitis
- Presence of sympathetic pleural effusion
- Aspiration of Anchovy sauce pus – chocolate coloured, viscid, containing necrosed liver tissue Leucocytes and RBC’s. Wall of cyst may contain Amoeba. PUS is STERILE..
INVESTIGATION

• Polymorphonuclear Leucocytosis
• Repeated examination of stools for amoeba. Absence DOES NOT exclude the diagnosis.
• Sigmoidoscopy reveals Amoebic ulcers (flask shaped) in the rectum and colon or amoeboma.
• Radiography – Elevation and Fixation of diaphragm due to perihepatitis.
• Scanning of the liver using radioactive Rose Bengal with $^{131}$.
• Ultra sonography
  • Site & extent of the single/multiple abscess.
  • Usually peripheral whereas PYEAMIC – Central and multiple..
Treatment

• Metronidazole 800mg, TDS -> 7-10 days
  – Diloxanide Furoate 500mg TDS -> 10 days
• Aspiratin of Liver abscess
• Antibiotics
• Open drainage – Malecott’s or foley’s catheter
  – INDICATIONS
    » Large
    » Left lobe abscess
    » Pus too thick
    » Multiple abscess