

## HEPATIC AMOEBIASIS

Amoebiasis, an infection with the pathogenic amoeba *Entamoeba histolytica* is endemic in Nepal. Primary lesions in the amoebiasis is invariably in the large colon and it commonly presents as acute dysentery. It may however become chronic and may present as chronic diarrhoea with or without blood and mucus, dyspepsia, tenesmus with episodic, explosive bowel movement or tendency for the bowel to open soon after any feed. Amoeboma and strictures may develop in the large bowel mimicing malignancy.

After colon liver is the organ most frequently invaded by the amoeba. Councilman and Laffleur (1891) of John Hopkins Hospital gave probably the first account of the pathology of the amoebic abcess of liver. Rogers in 1902 established the etiology when he demonstrated the amoeba in the abcess wall in the liver. Since then hepatic amoebiasis has established as a common disease entity in the tropics.

Amoebic abcess much more commonly involve the right lobe of the liver, but some cases show abcess in the left lobe (6% to 3%) (Walters 1961; Wilmot 1962). Right lobe abcess differ from the left lobe due to dissimilar anatomical facts (Walters 1961). The right lobe abcess may extend into the subdiaphragmatic space, pleura and right lung, while the left lobe extends up to pericardium, or lesser sac of peritonium or stomach. The left lobe is smaller and thinner in its vertical diameter and abcess in it are more vulnerable to rupture into its surrounding structures.

Lewis and Antia (1970) in a review of 113 cases of hepatic amoebiasis seen in Nigeria found it to be a predominantly male disease (M:F: 12:1). Kini and Mammi (1970) in an analysis of 228 cases seen in Kerala, S. India found that 93% of their patients were male and their main presenting features were: pain in the chest or upper abdomen (in 95%), enlarged tender liver (in 90%), fever (81%), intercostal tenderness in the right side (76%), Radiology was found helpful in diagnosis in 63% cases. Liver function test was done in 76 patients. 45% showed elevation of Alkaline phosphatase, 25% showed raised SGOT, SGPT was slightly raised in 10.3% and abnormal thymol turbidity was noted in 92%.

Subramaniam and Madangopalan ( 1970 ) in their review of 252 cases studied at the Madras General Hospital found that 64.7% of their patients complained of pain in right hypochondrium, 46.4 p.c. had fever, 21.0 p.c. had pain right side chest. Other symptoms noted were cough ( 15.9 p.c. ), jaundice ( 7.5 p.c. ), breathlessness, haemoptysis, oedema leg etc. ESR was raised in 87.8 p.c. of the cases.

What is interesting about amoebiasis is that it can mimic any disease. "There is no organ which cannot be the seat of amoebic lesion, no system which it cannot involve and no symptom it cannot mimic" ( Subramaniam and Madangopalan ). Shah et al ( 1970 ) has drawn attention to several cases of liver abscess presenting in an unusual way e.g. a case that presented as an acute abdomen due to rupture of the abscess in the peritoneal cavity, a case that presented with hematuria due to communication of the liver abscess with the right kidney. There were also cases that presented with haematemesis ( rupture into stomach ), with hepatocellular failure, as pulmonary abscess, cardiac tamponade and with myocarditis.

Hepatic amoebiasis is very common in Nepal and the treatment is often delayed because of the ignorance and lack of medical facilities in the villages and hills, so we are more likely to see many complications of amoebiasis due to rupture of the amoebic abscess into the surrounding tissues. And sometime these complication may be the first presenting symptom of this disease. The diagnosis may be missed if one is unaware of them. From this point of view the following article is of interest. It points out to some uncommon modes of presentation of this common disorder.

#### Ref :

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