

A CASE REPORT OF AMOEBIC LIVER ABSCESS PRESENTING AS HAEMOPTYSIS

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Introduction

Amoebiasis is prevalent in Nepal in various diverse clinical manifestation. Hepatic Amoebiasis is one of the main complication generally seen. Fever, tender and enlarged liver with raised hemi-diaphragm are the usual signs of amoebic liver abscess. The case report described below is an typical case which has presented as haemoptysis.

Clinical

A Hindu male 35 Yrs. (In Pt No. 3447) was admitted on 21/5/029 with a history of fever one month duration, chest pain and haemoptysis since 15 days. The fever was continuous and accompanied with chills and rigor. It reaches up to 103F. The pain in the right lower chest wall was constant and not severe. There was no history of cough during that period. Since last 15 days he developed cough and blood in the sputum and had pain in the right shoulder.

There is no history of alcoholism and dysentery in the past.

Physical Examination revealed moderately built, fairly nourished young man who looked ill. Pallor ++, Temp. 102°F., B P; 100/80. PR. 124. There was slight prominence of right lower chest wall and right hypochondrium appeared full. Liver was enlarged and tender on deep pressure. Liver dullness was at the 4th space. Breath Sound was impaired in the right base.

X-ray of the chest taken on 21/5/029 was reported as consolidation at Rt. base. Blood Examination showed leucocytosis and E. S. R. was 65 mm.

As the possibility of the amoebic liver abscess rupturing into the right lung was high, the sputum was examined on the day of admission for E. Histolytica and the trophozoite of

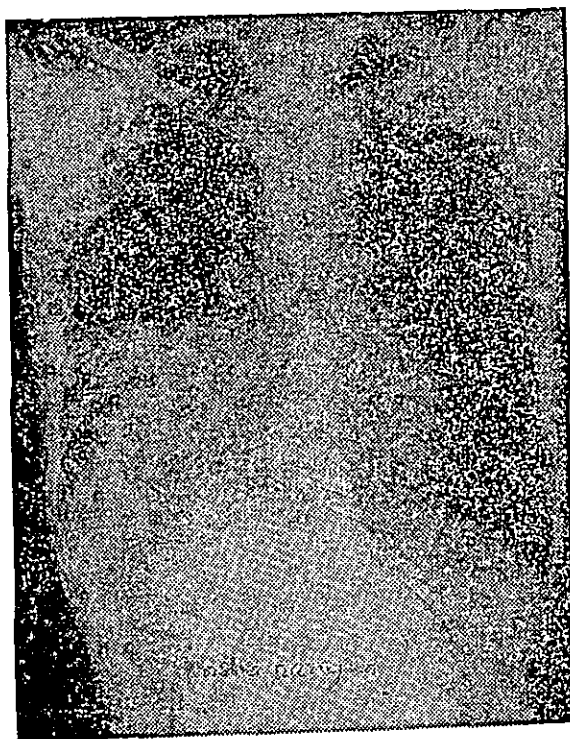
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E. Histolytica was isolated from the sputum.

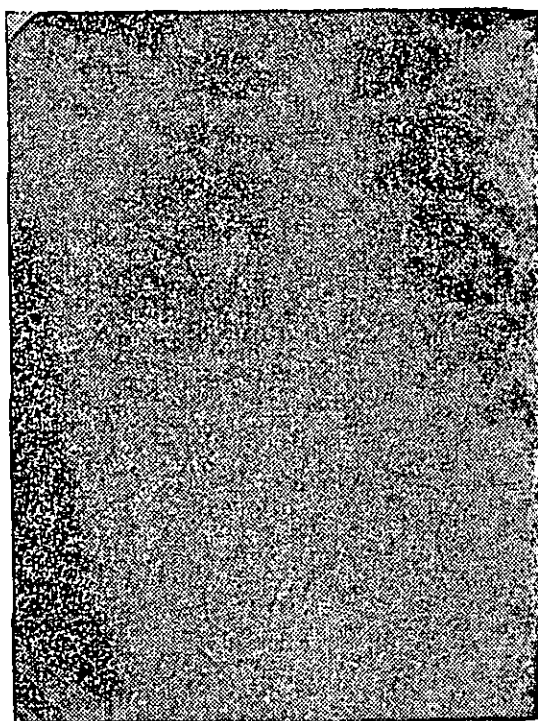
The patient was put on Inj-Emetine 60 mg. 1M. daily (for seven days). On the third day the patient coughed out copious amount of anchovy sauce like pus. Liver size diminished markedly. However a needle aspiration of the liver abscess was done and 200 c.c. of anchovy sauce like pus was drained. Temperature was still persisting. Tab Flagyl 2 Tab three times a day was given. A repeat X-ray on 9/6/029 showed a shadow in the right lower zone suggesting an inflammatory lesion.

Discussion

Liver Abscess was first demonstrated by Rogers in 1920. It is more common in Right Lobe than Left Lobe as the Portal Vein drains directly to the right side. If the liver abscess is not treated in time it may burst into the surrounding structures like pleura, right lung, peritonium, externally and rarely to right kidney and mediastinum from the right liver abscess and into pericardium and stomach from the left liver abscess.



21/5/029



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This patient had fever and pain chest for a month for which he neglected to seek the treatment in time. About two weeks later he suddenly developed shoulder pain and coughed

out blood this probably heralded the onset of the rupture of the amoebic abscess into the right lung. The suspicion of the rupture of the amoebic liver abscess was confirmed by finding the trophozoite of *E. Histolytica* in the sputum and subsequent drainage of anchovy sauce like pus in the sputum.

In the initial stage when the patient had fever and haemoptysis, X-ray showed apparent consolidation of right lung which could be easily missed for Lobar Pneumonia.

Similarly cases of liver abscess bursting into lung may be mistaken for Tuberculosis. Amoebic Hepatitis is common disorder encountered in Nepal and may present in a various ways and its diagnosis depends upon being aware of it.

Acknowledgement

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Ref :

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