A Prospective Study on Incidence, Etiopathogenesis, Clinical Presentation, Management And Prognosis of Liver Abscess in 100 Cases

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Abstract: Liver abscess can be a potentially life threatening condition requiring immediate intervention. It can be pyogenic or amoebic. The aim of this study is to know about the incidence, etiopathogenesis, clinical presentation and prognosis of 100 cases of liver abscess along with comparison of USG guided aspiration vs USG marked site aspiration of liver abscess at bedside. Amoebic liver abscess is the commonest extraintestinal manifestation of amoebiasis. This study was from June 2014 to November 2015. Incidence was higher in 4th decade and in men. Alcohol intake had a strong association with amoebic liver abscess. Abdomen pain was present in all. Right lobe was commonly involved. USG marked site aspiration needed multiple punctures with residual collection whereas USG guided aspiration was a single sitting single puncture procedure. On table USG may be needed in case of multiple abscess with one alone ruptured.

Keywords: Amoebiasis, Liver abscess, Pyogenic, USG guided.

I. Introduction
Liver abscess continues to be a major diagnostic and therapeutic challenge to the medical fraternity. It is a life threatening and a potentially serious condition if left untreated. Two types of liver abscess are pyogenic and amoebic liver abscess. Amoebic liver abscess is the commonest extraintestinal manifestation of amoebiasis. It occurs in 3-9% of victims. It may present as acute abdomen or spontaneous rupture. Pyogenic liver abscess is a rare complication of intra abdominal infection or biliary tract infection. It is ascending type polymicrobial infection.

Aim Of The Study
1. To study the incidence and etiology of liver abscess
2. To evaluate its clinical features
3. To compare the results of USG guided aspiration vs USG marked site bedside aspiration.
4. To study the management and prognosis of liver abscess

II. Materials And Methods
It is a prospective study in 100 cases of liver abscess presenting in Government Mohan Kumaramangalam Medical College Hospital from June 2014 to November 2015.

Exclusion Criteria
1. Hydatid liver cyst
2. Solid masses of the liver
3. Primary and secondary malignancies of the liver

Results

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Age Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group In Yrs</td>
<td>No. Of Patients</td>
</tr>
<tr>
<td>30-40</td>
<td>16</td>
</tr>
<tr>
<td>41-50</td>
<td>49</td>
</tr>
<tr>
<td>51-60</td>
<td>20</td>
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<tr>
<td>&gt;60</td>
<td>15</td>
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<thead>
<tr>
<th>Table 2</th>
<th>Sex Distribution</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>No. of patients</td>
</tr>
<tr>
<td>Male</td>
<td>97</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
</tr>
</tbody>
</table>
III. Discussion

Liver abscess can be amoebic or pyogenic. First one is usually caused by entameba histolytica, asymptomatic carrier state occurs in E.dispar. pyogenic can be due to various microorganisms ranging from E.coli, klebsiella, proteus, enterobacter to staphylococcus, bacteriodes, fusobacterium. Pathogenesis is due to one of the following. Ascending cholangitis, pylephlebitis, hepatic artery septicemia, traumatic, cryptogenic. Patients present with hypochondrial pain, nausea vomiting, sweating, rigors, diarrhoea. Diagnostic modalities include chest xray raised right hemidiaphragm,USG or CT showing space occupying lesion,liver aspirate,positive indirect hemagglutinin of serum antibodies. Complications include rupture, peritonitis, paralytic ileus, hemobilia, secondary bacterial infection, metastatic brain abscess. Treatment for amoebic abscess includes amoebicidal, luminicidal agents along with percutaneous drainage which can be USG guide or USG marked site drainage.

![Fig 1 ct scan showing liver abscess](image-url)
IV. Conclusion
Liver abscess constitutes 0.29% of total surgical ward hospitalisation per year. Common in the 4th decade in men. Associated with alcohol intake in 2/3rd cases. Majority of cases are amoebic. E.coli is the commonest organism causing pyogenic abscess. Abdominal pain is the commonest symptom. Right hypochondrial tenderness is the commonest sign. Right lobe was predominantly involved. Percutaneous aspiration under USG guide technique gave better results than USG marked site aspiration which resulted in residual collection and multiple aspirations. On table USG may be needed in multiple abscess with one alone gone for rupture.

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