Pyogenic liver abscess

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This 14 year old girl presented with fever and pain in the right shoulder joint of 4 days duration. She was a known patient with beta thalassaemia major who was diagnosed at 4 months of age. She has been on regular blood transfusions since then, and iron chelation since 2 years of age. She underwent splenectomy at the age of 4 years and also developed diabetes mellitus at the age of 10 years.

On examination, she was febrile, toxic and was complaining of pain in the shoulder joint. The examination of the shoulder joint was normal. Liver was enlarged 5 cm below the right costal margin and was tender. She did not have intercostal tenderness. The white cell count showed a neutrophil leucocytosis with a total count of 16.8 x 10⁹/L. Ultra sound scan of the abdomen revealed a large abscess in the right lobe of the liver immediately below the right hemidiaphragm. Following a surgical referral, aspiration of the liver abscess was done where 140cc of pus was removed. Her blood culture grew Klebsiella spp. which was sensitive to Cefotaxime and Gentamicin. The aspirated pus, too, grew Klebsiella spp. and another coliform organism. Following the aspiration she was continued on intravenous antibiotics after which she made an uneventful recovery.

The incidence of hepatic abscess in the general population is 8-16 per 100,000 people. The incidence in the paediatric age group, is 3-12 per million. In older children it is generally seen in immunocompromised patients. Sepsis accounts for 40% of childhood

abscesses. Pyogenic hepatic abscess is frequently polymicrobial with E coli having been cultured from the majority. Prognosis depends on the rapidity with which the diagnosis is made and treatment started.

This case highlights the association of pyogenic liver abscess secondary to generalised bacteraemia in an immunocompromised patient. It also emphasises the value of ultrasound scan in confirming the diagnosis and enabling its aspiration, and further management and follow up.

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