

PP14 CHRONIC ALCOHOL CONSUMPTION IS RISK FACTOR FOR PYOGENIC LIVER ABSCESES: CASE REPORT

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BACKGROUND: Chronic alcohol consumption is one of the most important risk factor for pyogenic liver abscess. The liver is the organ most subject to the development of abscess. Liver abscess made up to 13% of the total number of abscess or 48% of all visceral abscesses.

CASE REPORT: This article describes a 55-year-old male with progressive abdominal distension, upper right abdominal pain, nonspecific malaise, fever and weight loss. He had a past medical history of chronic alcohol consumption (± 40 g/day). Physical examination positive for a mild, painful, hepatomegaly. Laboratory analysis: macrocytosis, a mild thrombocytopenia $137 \times 10^9/l$, Total leukocyte count $15.9 \times 10^9/l$ (marked shift to the left) and CRP 231 mg/L , liver function testing was normal. Serologic study of echinococcus and tumor markers was negative. Hepatitis B and C serology was negative. Ultrasound and dynamic CT scan revealed a single lesion, showed in the right lobe ($74 \times 84 \text{ mm}$), hypoechogenic with central area of hypodensity. A liver biopsy has been performed; the body temperature has risen to 41°C , followed by a compromised respiratory function (septicemia). The hemoculture was positive for streptococcus viridans and histology results shows steatohepatitis. The patient improved, with resolution of fevers, sterilization of blood cultures, and a repeat abdominal CT scan that showed an interval decrease in the size of the patient's liver abscess. The patient was treated with intravenous antibiotics (2 weeks with intravenous Ciprofloxacin and metronidazole and 3 weeks was discharged home of ampicillin/sulbactam). A repeat ultrasound showed no lesion and the liver was removed. The patient undergoes regular check-ups at the clinic - last one performed in 18.05.2016 with a dynamic CT scan reading with regression of the previously described shift and post-therapeutic surveillance blood cultures remained negative.

DISCUSSION: Liver regularly exposed to bacteria via portal circulation. Routine clearance occurs without incidence. Abscess occurs when the inoculum of bacteria exceeds the liver's ability to clear the bacteria. Routes of infection: via biliary tree, via portal vein, via hepatic artery direct. All patients presented with upper abdominal pain, fever, weight loss, enlarged liver. Ultrasonography and computed tomography of the abdomen are the gold standard diagnostic modalities. These techniques may be supported by CT scanning (95-100% sensitive). Of the liver abscesses, 75.6% are solitary, with 62.2% confined to the right lobe. Appropriate initial antibiotic regimens include ampicillin-sulbactam, Piperacillin-Tazobactam, or a third generation cephalosporin with metronidazole. Viridans streptococci are part of the normal microbial flora of humans. In the past, the terminology applied to the viridans group of streptococci was confusing and inconsistent, and recovered species were often identified as "nonhemolytic" or "alpha-hemolytic," rather than

by a specific species designation. In addition to the oral cavity, the stomach may be an important point of entry for viridans streptococci. This case report may serve as a useful reminder of the importance of timely diagnosis and treatment of liver in patients with chronic alcohol consumption is therefore a strong risk factor for pyogenic liver abscesses and a risk factor for death. Loss of hepatic filter function, impaired immunity, and frequent abdominal infection and septicaemia in patients with alcohol consumption are probably factors responsible. In general treatment should be continued until CT scan shows complete or near complete resolution of the abscess cavity. The most striking point in this case is there was no primary source of infection from *Staphylococcus viridans* found.

KEY WORDS: Liver abscess, chronic alcohol consumption, CT scan.