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Letter to Editor

Amebic liver abscess in a patient with polycystic disease

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Dear Editor,

A 93 year-old man was admitted to our Department with fatigue, loss of weight during the last few months and fever up to 38 ºC of 5 days duration until one day prior to his admission being treated with antipyretics. The patient had been admitted with similar symptoms 3 months ago to another hospital and the ultrasound of the abdomen had revealed polycystic disease of the liver-kidney-pancreas, but without any other abnormal findings. The patient had become afebrile 2 days after his admission and he was discharged with no established diagnosis. The patient was free from any other medical problems, except from atrial fibrillation, which had been diagnosed 3 years ago and was being treated with acenocoumarol 1 mg/day. On admission, the patient was afebrile and the clinical examination revealed enlarged liver. Laboratory findings included: Hematocrit: 35.2%, WBC: 18,910/mm^3, INR: 1.8, C-reactive protein: 91mg/L. An ultrasound of the upper abdomen showed multiple small cysts in the liver, pancreas and the kidneys, but there was also a large cyst of 10 cm diameter in the left lobe of the liver with different characteristics compared to the other cysts (differential diagnosis: haematoma or abscess). Due to the inconclusive results of the ultrasound and the fact that the patient became again febrile on the 3rd day after his admission, a CT of the abdomen was performed. The latter revealed that the large cyst had a thick enhancing wall and perilesional edema, findings compatible with a liver abscess *(Figure 1)*. Serological test for *Echinococcus granulosus* was negative, but indirect hemagglutination (IHA) test was positive for *Entamoeba histolytica* (titer: 1/250, normal value: < 1/50). The patient received metronidazole 500 mg tid intravenously for 10 days and then iodoquinol 650 mg orally three times daily for 30 days, with good response and, 6 months after his discharge, uneventful follow up in the clinic.

To our knowledge, this is the first report of amebic liver abscess in a patient with polycystic disease. Amebic liver abscess is the most common extraintestinal manifestation of amebiasis, which is caused by the protozoan *Entamoeba histolytica*.[1] For unknown reasons, amebic liver abscess is more common in adult men. Our patient had not a positive travel history and he was not immunocompromized, but he was living in an endemic area for amebiasis.[1] Patients with amebic liver abscess usually present acutely with one to two weeks of fever (38.5 to 39.5 ºC) and right upper quadrant pain, with or without concurrent diarrhea.[1] However, older patients, similarly to our case, may have a more subacute and insidious presentation with months of intermittent fever, weight loss and hepatomegaly.[1,2] Clinical features combined with the radiological findings are usually sufficient to distinguish simple cysts from other cystic lesions, such as liver abscess.[2,3] However, in our case, the ini-

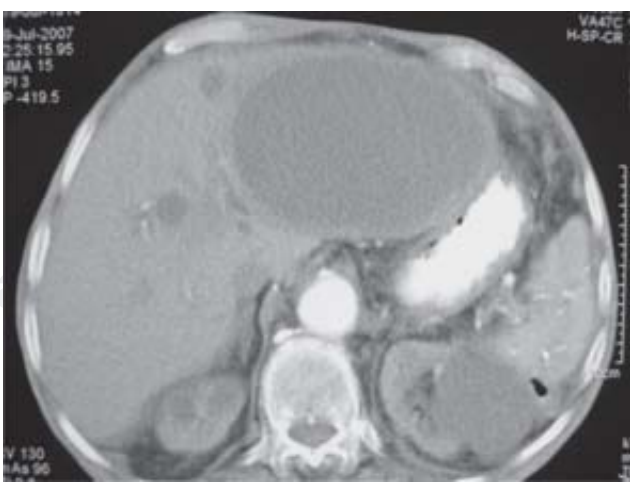

Figure 1. Computer tomography of our patient showed a large abscess in the left lobe characterized by a thick enhancing wall and perilesional edema.

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tial assessment was inconclusive due to the presence of polycystic disease, which causes diagnostic dilemmas and the non-typical clinical history. These difficulties led to a significant delay in diagnosis of the amebic liver abscess, which was finally established based on the CT of the abdomen and the positive serologic test for *Entamoeba histolytica*.

References

1. Stanley SL. Amoebiasis. *Lancet* 2003; 361: 1025-34.
2. Katzenstein D, Rickerson V, Braude A. New concepts of amebic liver abscess derived from hepatic imaging, serodiagnosis, and hepatic enzymes in 67 consecutive cases in San Diego. *Medicine* (Baltimore) 1982; 61: 237-46.
3. Haque R, Huston CD, Hughes M, Houpt E, Petri WA Jr. Amebiasis. *N Engl J Med* 2003; 348(16): 1565-73.