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Original Research Paper

General Surgery

A RARE CASE PRESENTATION OF RUPTURED AMOEBIC LIVER ABSCESS WITH CEACAL PERFORATION

Prof. Dr. Santhi. B MS,DGO, General Surgery, Govt Kilpauk Medical College

Dr. Kamalakannan. A Postgraduate, General Surgery, Govt Kilpauk Medical College

ABSTRACT A rare complication of simultaneous rupture of liver abscess with caecal perforation occurs mainly in malnourished patients and carries a high mortality rate. In invasive amoebiasis, the trophozoitespenetratetheintestinalmucosallayercausingamoebiccolitiswhich is carried along the portal circulation to produce liver abscess that is more prone to rupture in cases of immunocompromised status. Here we report 1 case of ruptured liver abscess associated with caecal perforation with gangrene which were operated at our institute. Hence we proceeded with emergency laparotomy.

KEYWORDS : Ruptured liver abscess, Caecal gangrene, Perforation, Colitis, Immunocompromised

2. INTRODUCTION

Amoebiasis with its subset disease spectrum is a common parasitic infection distributed among all socioeconomic groups of patients and regions producing diarrhoea, colitis and amoebic liver abscess predominantly in tropical countries. Around 80a» are asymptomatic and the remaining 20"% land up in fulminant colitis with colonic perforation and rupture of liver abscess into the peritoneal, pleural or pericardial cavities. Rupture of amoebic liver abscess is an important cause of morbidity and mortality with incidence between 6-9°A.1,2 Perforation of the colon from amoebiasis is very infrequent. Ruptured liver abscess with gangrene and perforation of cecum is a rare condition presenting as acute abdomen with high mortality especially in patients who are malnourished.

3. AIM AND OBJECTIVES

To discuss the rare case presentation of ruptured amoebic liver abscess with caecal perforation, clinical examination, investigations, intraop findings and procedure done

4. Review of Literature

1. Dr.Rohit Sharma and Dr.Abhey Minhas in their study titled " A rare case of amoebic liver abscess with caecal perforation " concluded that it is extremely a rare case and carries grave prognosiswithalmost100%mortality
2. Dr.V.Kopperundevi,Dr.Vimala.G,Dr.Sai Vyshnavi. Y, Dr.Kannan. Rintheirstudytitled"A rare presentation of ruptured amoebic liver abscess with caecal perforation" concluded that it is extremely rare entity which carried a high mortality rateespecially in patients who are immunocompromised and are chronic consumers of alcohol.

5. MATERIAL AND METHODS

Case report was collected from patient diagnosed and admitted as ruptured amoebic liver abscess with caecal perforation in the Department of General Surgery, Govt.Kilpauk Medical College & Hospital.

6. RESULTS (INCLUDING OBSERVATIONS)

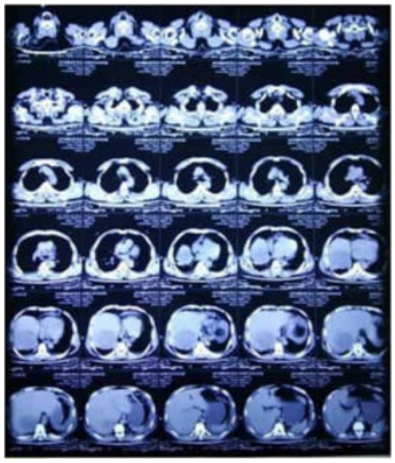
A 52 year male came to emergency department, with complaints of abdominal pain for 10days, fever for1week,vomiting for2days,with abdominal distension for two days. Patient is a chronic alcoholic for past 25years. Onexamination:Patient was dehydrated and tachypneic,Bp-100/60mmhg,PR-120/min.PER ABDOMEN EXAMINATION: Abdomen distended with tenderness and guarding present in right iliac fossa and right hypochondrium. USG abdomen—well defined hypoechoic lesion of size 8.5x9 cm in the segment 8 of liver. CT ABDOMEN AND PELVIS: Liver – Well defined hypodense lesion measuring 9x9.6cm in segment 6and 7 right lobe of liver with minimal subcapsular collection. Features suggestive of ruptured liver abscess. Dilated jejunal loops maximum diameter of 4.1cm with air fluid level, moderate ascites Patient was taken up for emergency laparotomy inview of peritonitis. °INTRAOPERATIVE FINDINGS: Abscess cavity in right posterior surface of liver in subdiaphragmatic region (100-150ml of pus). Single 1.5"1cm perforation in the anterior surface of caecum and proceeded with drainage of abscess and right hemicolectomy with end ileostomy. Patient expired on pod2 due to severe sepsis. Histopathological examination of the specimen revealed hemorrhagic enterocolitis of infectious origin.

7. DISCUSSION

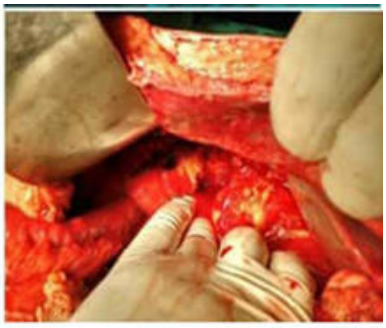
Entamoeba Histolytica is primarily intraluminal parasite of large intestine. Humans get infected by ingestion of amoebic cyst which goes to small intestine and then large intestine where they form Trophozoite stage which invades the intestinal wall.Mostly these lesions are located in large intestine or may be in terminal ileum, usually localized where colonic flow is slow. Initial lesions are pinhead like,followed by mucosal edema and central necrosis it invades to deeper layers of intestine and form ulceration which is mainly localized to mucosa and lamina propria layer, then progressed to deeper muscularis propria layer and grows along the wall of intestine and laterally,appearing as flask like ulcers. Sometimes these ulcers progressed beyond muscularis layer and penetrate through the intestinal wall. Perforation commonly seen in caecum.[5] Liver abscess is commonest extra-intestinal manifestation of amoebiasis characterized by right upper quadrant pain, fever, nausea, hepatomegaly etc. Liver abscess is most commonly located in right upper lobe, may be single or multiple. As the disease progress area of necrosis increases, center liquefies and which contain sterile and non-pyogenic chocolate colored pus (Anchovy pus). The incidence of intra- peritoneal rupture of liver abscess is about 6-9%. Both liver abscess rupture and caecal perforation occurring together is very rare. For amoebic colitis treatment of choice is Metronidazole given for 5-10days, for luminal phase of parasite Iodoquinol, Diloxanide furoate and Paramomycin are used.

8. SUMMARY AND CONCLUSION

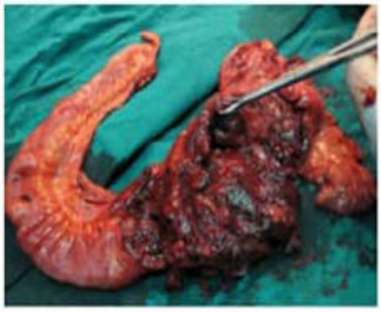
Ruptured amoebic liver abscess along with perforation of caecum is a rare condition presenting as acute abdomen with high mortality especially in patients who are immunocompromised and chronic consumers of alcohol. Treatment is aimed at early identification of complications of liverAbscess and having high degree of suspicion and subsequent appropriate timely intervention.



Figures CTAbdomen&Pelvis



Figures Perforationin the anterior surface of caecum



Figures Resected gangren ouscaecum

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