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A RARE CASE OF PYOGENIC LIVER ABSCESS COMPLICATING PREGNANCY

Obstetrics & Gynaecology

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ABSTRACT

Pyogenic liver abscess in pregnancy is an extremely rare condition. Not many literatures are present regarding it's incidence or case reports. Here we are presenting one such rare case in which a timely diagnosis of this rare condition was the key to it's successful treatment.

KEYWORDS

liver abscess, pyogenic liver abscess, pregnancy, sepsis

INTRODUCTION

Pyogenic liver abscess in pregnancy is an extremely rare but a dangerous condition when encountered during pregnancy.

It has a very low incidence.
Most common organism associated with this condition are E.Coli , Bacteroides and polymicrobial infection. Variable and non specific clinical presentation and USG findings pose difficulty in it's diagnosis. Majority of the cases are diagnosed with USG which has sensitivity of 87%. CT scan is more sensitive than USG (97%) In antenatal women, ultrasound guided drainage with antibiotic coverage is the first line treatment.

Surgical drainage is resorted to women with complicated disease or evidence of rupture

CASE REPORT:

A 24 year old Primigravida at 23 weeks of gestation was referred from private hospital with diagnosis as ?Cholelithiasis for further management . As per her history , she was hospitalised with fever and abdominal pain for 10days at a private clinic and was treated with analgesics and antispasmodics . As there was no relief of symptoms , she was referred to our institution. On admission she was consious , oriented , febrile (100 F) , PR 101/min , BP 110/80mmHg , RR 20/min . Patient had no signs of respiratory distress. Abdomen examination revealed guarding and tenderness in right hypochondrium. Examination of cardiovascular and respiratory system were unremarkable. Ultrasonography showed SLIUG of 20 weeks and hepatomegaly with multiple hypoechoeic lesions in segment 6 of liver . MRCP showed findings suggestive of ruptured liver abscess with collection in right subhepatic space. Patient was taken up for Laparoscopic drainage and lavage. 1.5 L of purulent fluid was drained per operatively which was sent for culture and sensitivity , laboratory was able to isolate a strain of E.Coli sensitive to cephalosporins .Postoperatively patient was stable, treated with antibiotics and was discharged in 1 week. She continued pregnancy and had an uneventful vaginal delivery at term

DISCUSSION :

Pyogenic liver abscess can occur secondary to intra abdominal infections most commonly appendicitis. Early treatment is essential to prevent preterm birth , fetal infection, increased perinatal mortality , sepsis , septic shock and MODS.

In antenatal women , liver abscess are treated with drainage of the abscess with broad spectrum antibiotics
Surgical drainage is done in ruptured abscess with peritonitis or failed percutaneous drainage

CONCLUSION :

Patient with liver abscess may present with non specific signs and symptoms, with fever and upper abdomen pain being the most common. Hence one has to keep an open mind and broad differential diagnosis.

The present case demonstrates that making an accurate diagnosis and instituting timely and appropriate intervention contributes to a successful outcome.

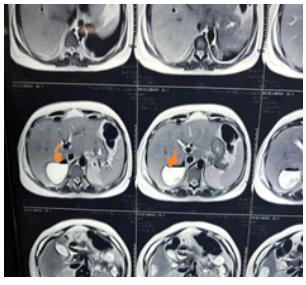

FIG. 1

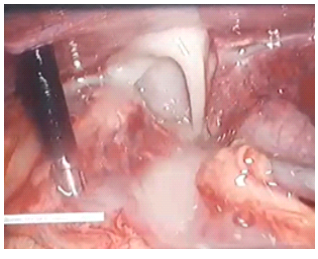

FIG.2

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