



A Case Study on Liver Abscess

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ABSTRACT:

A 45 years male patient was admitted in hospital with Abdominal pain since 20 days. Based on laboratory findings and USG Abdominal scan the diagnosis was made. The physician prescribed the medications and supportive care.

Keywords: hypochondrium tenderness, liver abscess.

INTRODUCTION:

Liver is a largest solid organ located beneath the ribcage in the right upper abdomen. The main function of the liver includes filtering the blood, removing the toxins and breaking down the poisonous substances like alcohol and drugs.(1)

According to the *Couinaud classification*; liver is divided into 8 independent functional units called segments.(2)

Liver abscess is a pus filled mass in the liver that can develop from injury to the liver or from an intraabdominal infection disseminated from the portal vein. Depending on aetiology abscess can be classified into 4 Main types:

- 1) Bacterial- E.coli, K.pneumoniae, E.faecali, S.aureus
- 2) Protozoal
- 3) Parasitic
- 4) Fungal(3).

Clinical manifestations include fever, chills, malaise, weight loss, Abdominal pain(upper right quadrant), jaundice.

CASE STUDY:

A 45 years male patient designated as hostel incharge was admitted in general medicine ward with the chief complaints of right sided Abdominal pain which is sudden in onset gradually progressive on and off type, non radiating aggravating on food intake, relieved on lying down since 20 days bloating, Nausea since 20 days, burning micturition since 1 month, decreased appetite since 20days. Past medical history includes Diabetes mellitus since 7 years on Tab.VOGLIBOSE- 3D PO OD. History of surgery for growth of intestine in 2008. Social history includes occasional alcoholic and toddy intake since 20years.

On Physical examination his vital signs includes pulse rate: 82beats/min, respiratory rate: 20cycles/min, blood pressure : 130/80mmHg, GRBS: 252mg/dl, oxygen saturation: 98% @RA. On physician assistance the patient was conscious, soft, obese abdomen, right hypochondrium tenderness was found

LABORATORY TESTS: (complete blood picture, liver function test)

Parameter	Result	Normal range
Monocytes	12%	2-10%
Basophils	0%	<1-2%
MCHC	35.4g/dl	31.5-34.5g/dl
ESR	20mm	0-15mm/1 st hr
GAMMA GT	53U/L	11-50U/L

USG Abdominal scan:

Liver is normal in size, shows diffuse increase in echotexture of liver parenchyma. E/O well defined heterogeneously hypoechoic lesion noted in sub capsular location of segment VII measuring ~ 3.2×3.6 with 60 to 70% of liquefaction I.e. HEPATIC ABSCESS AND GRADE 1 FATTY LIVER.

DIAGNOSIS: LIVER ABSCESS INVOLVING SEGMENT VII

TREATMENT AND MANAGEMENT:

Medication include: Inj. MONOCEF SB(ceftriaxone -1gm and sulbactam-500mg) IV/BD

- INJ METROGYL(metronidazole-500mg) IV/QID
- INJ Dynapar AQ (Diclofenac-75mg in 100ml Normal saline) IV/BD
- INJ PAN(Pantoprazole- 40mg) IV/OD
- INJ Zofer(ondansetron-4mg) IV/OD
- TAB.VOGLIBOSE 3D(Voglibose -0.2, Glimipiride- 2mg, metformin-300mg)

SUPPORTIVE CARE:

- **Tab.chymoral forte(Trypsin, chymotrypsin) PO/TID**
- Tab.BNC(Vitamin C-80mg , vitamin B3- 18mg , zinc-17mg, lycophene 10%- 8mg magnesium-5mg, manganese- 4mg, vitamin B2- 2.5mg , vitamin B6- 2.4mg, vitamin B1-1.8mg , copper-1.7mg , folic acid-300mcg ,vitamin D3-600IU, vitamin B12-2.2mg)
- GRBS monitoring 8th hourly
- Monitor vitals
- BP charting 4th hourly
- Diabetic diet

INTERVENTIONAL MANAGEMENT:

NO drug was given for symptom of burning micturition Tab cran D (D-mannose-600mg, cranberry extract-300mg)

DISCUSSION:

Patient was admitted with the chief complaints of Abdominal pain, bloating , Nausea, burning micturition, decreased appetite. ON USG Abdominal scan the patient was diagnosed with LIVER ABSCESS INVOLVING SEGMENT VII.

To relieve symptoms of the patient, the current therapy advised to the patient was INJ. dynapar(pain), INJ metrogyl (to kill the parasite) , INJ pan (bloating) , Tab. VOGLIBOSE (type 2 DM). Patient is advised to follow some life style changes that includes: Maintain good hygiene, drink plenty of water, Avoid alcohol, Do regular exercise, Avoid contaminated food, Eat limited saturated fats. Manganese existing medical conditions like Diabetes.

CONCLUSION:

Liver abscess is majority caused due to bacterial species such as E coli, K.pneumoniae and Entamoeba histolytica .Early detection may cure the disease if left untreated it may cause several complications like liver/ kidney failure, Intraabdominal lesions, infections/ recurring liver abscess. Other complications include fistula, acute pancreatitis, Abdominal or hepatic venous thrombosis. To prevent these complications the patient is advised to take the medication regularly as suggested by the physician.

REFERENCE :

- 1) <https://Columbiasurgery.org/liver/liver-and-its-functions>.
- 2) <https://radiopaedia.org/articles/couinaud-classification-of-hepatic-segements>.
- 3) <https://www.ncbi.nlm.nih.gov/books/NBK538230/> AUTHOR: Hossein Akhondi; Durr E. Sabih.