

# HEPATIC AMOEBIC ABCESS IN PORTUGAL

## A RARE EXTRA-INTESTINAL PRESENTATION WITH POOR MEDICAL TREATMENT RESPONSE

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### INTRODUCTION

Amoebiasis is a disease of parasitic origin responsible for dysentery and extra-intestinal complications. The infection is by *Entamoeba histolytica*, an amoeba whose geographical distribution is cosmopolitan, but that is more prevalent in tropical areas. In Portugal is a rare disease although it is expected to be increasingly diagnosed due to the migratory flux of people to developing countries namely in West and Sub-Saharan Africa. Only a few infections are symptomatic and some of them may cause extra-intestinal complications. Hepatic amoebiasis is the most frequently observed.

### CLINICAL CASE

56 years old man, Portuguese, working in Equatorial Guinea for the last 3 years  
Past history of hypertension, myocardial infarction and malaria by *Plasmodium ovale*

Clinical: asthenia, abdominal pain + hepatomegaly in abdominal examination  
Previous empirical treatment in Equatorial Guinea – ciprofloxacin, amoxicillin + clavulanic acid and metronidazole – no clinical regression

Abdominal ultrasound – several anechoic nodules, 3 in right hepatic lobe and 2 in the left lobe (image 1)

Abdominal CT – 7 nodules with regular margins, predominantly cystic with parietal enhancement, favouring an infectious aetiology (images 2 and 3)

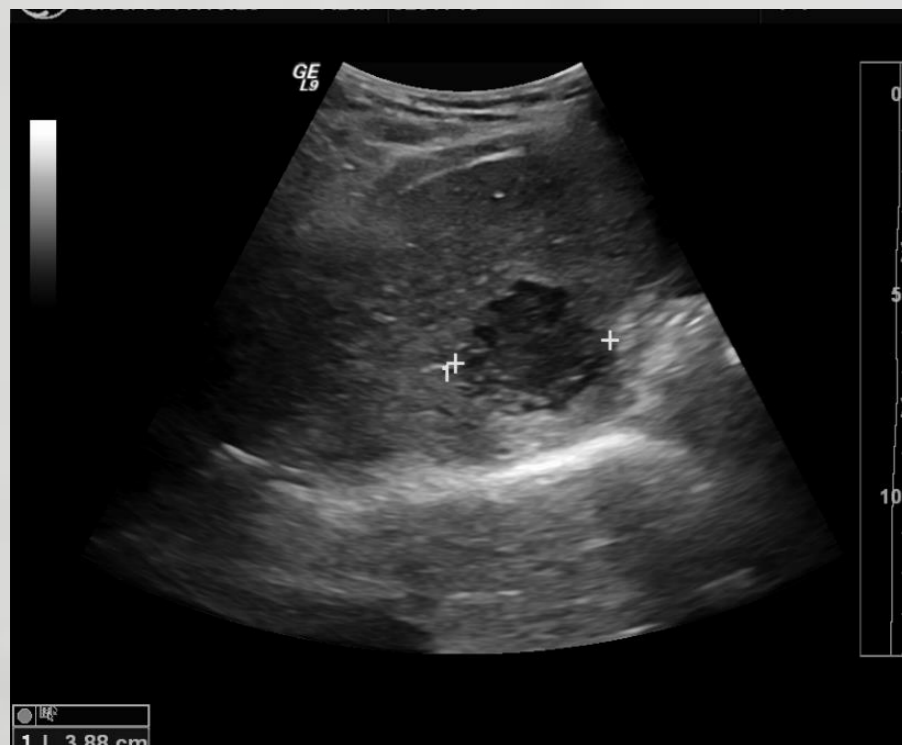


Image 1: Abdominal US



Image 2: Abdominal CT

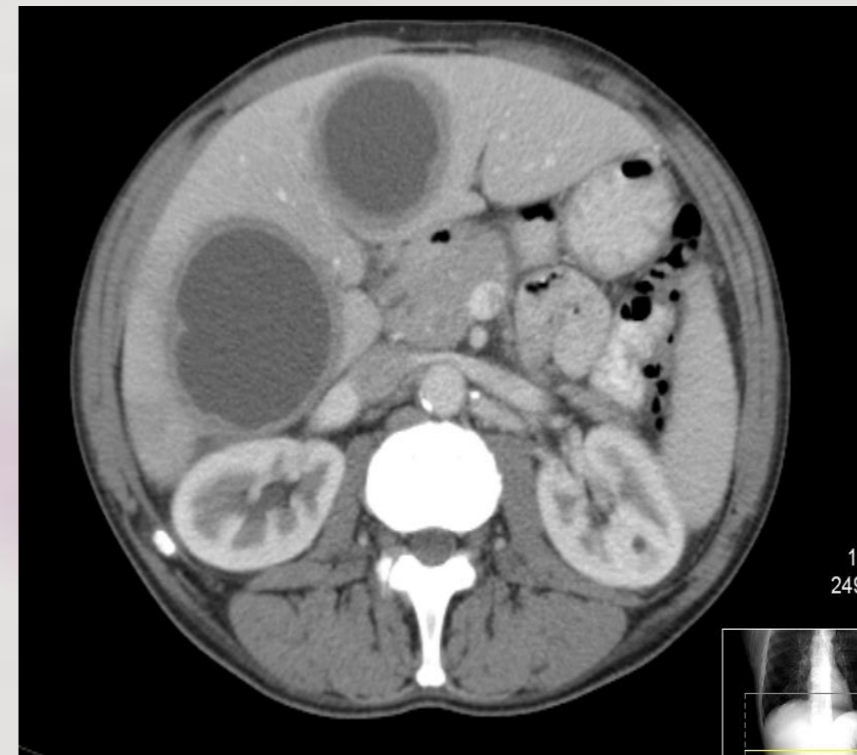


Image 3: Abdominal CT

- Serology for *E. histolytica* – **positive**
- Percutaneous drainages - necrotic liver injury; not possible the differential diagnosis between amoeba and macrophage
- PCR for *E. histolytica* on the abscess fluid – **positive**

### Prescribed medication:

**Metronidazole** (10 days) followed by **paramomycin** (7 days) + 2-week course of bacterial coverage

Radiological improvement - liver abscesses with dimensional reduction

**Follow-up** in outpatient clinic and imagiological exams are done on a yearly basis

### CONCLUSION

Possibility of amoebic liver abscess should be kept in mind while managing a patient with abdominal pain in appropriate clinical setting in endemic areas. The authors highlight the non-response to several treatments in which abscess diameter and the delay in diagnosis and management can be associated factors. Complications of amoebic liver abscess can occur even in developed countries, including rupture from left-side abscesses; therefore close follow-up should be bear in mind.