EMERGENCE OF COMPLICATED HEPATIC ABSCESS
N.AOUCHIR1., N.OUARES.2., L.ALIANE.2., A.BENALI.1., M.AFIRI1.
1. University Mououd MAMMERI & Hospital NEDIR Mohammed , Tizi-Ouzou / 2. Hospital Nedin Mohamed Tizi-Ouzou.

Introduction

Liver abscess is a serious infection that can cause complications and life-threatening. **Objective**: To describe the epidemiological, diagnostic and evolution of liver abscess in infectious diseases department, hospital Nedir Mohamed Tizi-Ouzou in Algeria.

A retrospective study was conducted over thirteen years period (from 1st January 2003 to 31st October 2015). We included all patients hospitalized for a liver abscess with ultrasound confirmation. We gathered demographic data (age, sex, socioeconomic status, origins...), clinical data (general and hepatic symptoms), diagnostic data (ultrasound, ASP, bacteriology pus) and evolution (death case, complications, sequelae).

**Results**

Clinical

- **Blood culture**: 6/17 (35.3)
- **Candida albicans**: 2 (MC, IR)
- **Klebsiella pneumoniae**: BGN positive lactase, yeasts, enterococci
- **Proteus mirabilis**: E coli, BGN
- **Enterobacter sp.**: candida albicans

**Grounds**

- **Abdominal ultrasound scans / Scan / MRI Billi**
  - **Type abscesses**: Single 05, Multiple 12
  - **Dimension**: ≤ 50 mm 70.58%, ≥ 50 mm 29.41%
  - **Nb**
    - **Type abscesses**: 12
    - **Dimension**: 17
  - **Complications**
    - **Death**: 2
    - **Favorable evolution**: 2
    - **Fistulization**: 2
    - **Acute pulmonary edema**: 1
    - **Bilateral thrombosis of renal vein**: 1
    - **Pleural effusion**: 1
    - **Pleuroneumonia of right**: 2

**Complications**

The prevalence of liver abscesses these last two years is relatively high compared to literature data, and fistulization in the skin.

**Therapeutic measures**

- **Therapy**: ANTB
- **Antifungals**: 03 17.7%
- **ANTB + puncture**: 09 52.9%
- **ANTB + surgery**: 04 23.5%

**Discussions**

Pyogenic abscesses of the liver are caused by bacteria. They are usually located in the right liver but can also be found in the left liver. They can be multiple or multilocular. Diagnosis based on ultrasound and / or CT scan is confirmed by percutaneous needle aspiration to identify the bacteria that cause the disease [3].

Overall management includes the treatment of sepsis and etiology of liver abscesses. However, no cause is found in 20% of cases [2].

The prognosis can be poor, especially if they are associated with risk factors such as diabetes and immunosuppression. Even if the result is improved with early diagnosis and a multidisciplinary approach, mortality is rarely observed [1].

As achieving ophthalmic complication is not uncommon [4].

**Conclusion**

The prevalence of liver abscesses these last two years is relatively high compared to literature data, and fistulization in the skin.

**Bibliography**

4. A. Lachaud and al Le syndrome endophytique-abécès hépatique à hvKP - une urgence diagnostique et thérapeutique. La Revue de Médecine Interne Volume 34, Supplement 2 December 2013, Pages A103-A104