

Original article

Amebic liver abscess- Diminished role of operative treatment

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Abstract:

Modern times have seen a major shift in management of amoebic liver abscess. Entamoeba being the second leading cause of parasite related death in the World, as per WHO 1980. They have a strong geographic distribution and male preponderance. The practice of most authors is to reserve surgical intervention for those patients failing less invasive management. First line is drug therapy alone. Amoebic abscess have strong geographic distribution and male preponderance. Open surgical treatment was recommended treatment for many years, but with evolving times, practice of most authors is to reserve surgical intervention for those patients failing less invasive management. in our case majority of amoebic liver abscesses responded to intravenous antibiotics. Our results concluded that uncomplicated amoebic liver abscess patients can be treated with drug therapy alone.

Keywords: Amoebic liver abscess, antibiotic therapy, catheter-based drainage, surgical drains.

Introduction

Amoebic abscess have strong geographic distribution and male preponderance. Open surgical treatment was recommended treatment for many years, but with evolving times, practice of most authors is to reserve surgical intervention for those patients failing less invasive management. in our case majority of amoebic liver abscesses responded to intravenous antibiotics. There was need of drainage in only 3 cases.

Aims and objectives

1. No. of patients with amoebic liver abscess treated conservatively and with pigtail catheterization.

Material and Methods

A total of 30 liver abscess cases were admitted from the emergency wing, indoor and outdoor department of surgery and medicine over a period of 1 year. Patients of all age groups and either gender who presented with clinical suspicion of liver abscess or already diagnosed amoebic liver abscess were included in study. All the baseline investigations were done, liver function test and amoebic serology and blood culture were obtained. On getting serology positive for amoeba in about 22 patients, metronidazole remained the drug of choice as it is highly effective, is inexpensive, and has the advantage of being effective for intestinal as well as extra intestinal amoebiasis. Dose regimen is 750 mg three times daily for 10 days.

Results

22 of our patients with amoebic liver abscess in the age group of 40-59 years with amoebic serology positive were treated with drug therapy and 19 out of 22 were treated with drug therapy alone only 3 required percutaneous aspiration.

Table 1) Distribution of patients

AMOEBIC SEROLOGY	
POSITIVE	22
NEGATIVE	8
TOTAL	30

Table 2) Patient's with amebic liver abscess

PATIENT'S WITH AMEBIC LIVER ABSCESS	
IV DRUG THERAPY ALONE	19
SINGLE PERCUTANEOS ASPIRATION	3

Discussion

In our study amoebiasis was the most predominant cause. MalilaR Perera,et al: (1980) reviewed that high dose bactericidal chemotherapy combined with aspiration under guidance seems to be the best treatment and greatly reduces need for surgery. Counter and colleagues (1986) had 29 of 40 patients treated with antiamebicidal medications alone, 3 of 40 patients treated with aspiration therapy, 1 patient treated with catheter drainage, and 6 patients treated with surgical therapy for concerns of impending rupture or other conditions. Walsh JA: (1986) had found highest incidences of amoebic liver abscesses in Mexico,India, East and South Africa, and portions of central and South America. 19 cases (86.36%) of 22 amoebic liver abscess patients were managed with antibiotics alone, with 3(31.63%) patients requiring percutaneous drainage when they failed to respond to antibiotics for 72 hours. These results match with those of McGarr PL,et al: (2003) a prospective study were 150 of 178 patients were managed successfully with drug therapy alone , with those demonstrating clinical deterioration or no improvement after 48-72 hours then receiving percutaneous ultrasound - guided aspiration. Thus, conservative medical management of uncomplicated amoebic liver abscess is safe. With patients who fail to respond to medical therapy, they should be considered for ultrasound guided percutaneous aspiration. These indications include persistence of symptoms or clinical deterioration with medical management , concern of impending rupture based on size or location, suspicion of bacterial superinfection or progenitor abscess, or the presence of a large abscess with more than 250 ml of fluid aspirated with serological testing getting improved, aspiration of contents is becoming less necessary in aiding diagnosis of amoebic liver abscess.

Conclusion

Our results concluded that uncomplicated amoebic liver abscess patients can be treated with drug therapy alone.

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