Hepatic amoebic abscess

Clinical History:
The patient presented with right upper quadrant pain. A mass was detected in the mid-liver section.

Imaging Findings:
The patient presented with abdominal pain, which was especially evident in the right upper quadrant. Ultrasonography (US), colour doppler ultrasonography (CDUS), and computed tomography (CT) examinations were performed.

On US, an isoechoic mass with a hypoechoic halo sign and reaching a diameter of about 6cm, was detected in the mid-liver, where the two lobes met (Figs 1,2). CDUS revealed an increase in perilesional blood flow (Fig. 3). At first, the lesion was thought to be a tumour, but a multicompartamental cystic feature of the lesion was detected on CT (Figs 4,5,6).

The patient had a long-term history of amoebiasis; her stools still contained amoebic traces. So it was thought that the lesion could be an amoebic abscess.

Medical therapy was started, with metronidazole (5 x 500mg daily). The patient's clinical status recovered quickly. US controls revealed regression of the lesion. A CT scan three months later showed total disappearance of the lesion (Fig. 7). The patient is now in good condition.

Discussion:
Amoebiasis is caused by the protozoan parasite Entamoeba histolytica. It is a human disease characterised by dysentery and liver abscess. The mass can be misdiagnosed as a pyogenic abscess or a hydatid cystic mass; but utilising different radiological procedures, together with proof of the parasite in the stool, may help in correct diagnosis (1-5).

Differential Diagnosis List: Hepatic amoebic abscess

Final Diagnosis: Hepatic amoebic abscess

References:
1. Rigothier MC, Khun H, Tavares P, Cardona A, Huerre M, Guillen N. Fate of entamoeba histolytica during


Description: A hypo-isoechoic mass with discriminated margins is seen in the liver. Origin:
Description: A closer US view of the mass. Origin:
Description: Colour Doppler sonography shows a peri-lesional increase in flow. Origin:
Description: A large, multicompartmental cystic mass is seen in the liver on CT. Origin:
Figure 5

Description: Another CT view of the mass. Origin:
Description: This later CT view shows a decrease in mass size. Origin:
Description: The after-therapy control CT shows total disappearance of the lesion. Origin: