

A rare case of space-occupying lesion of the liver

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Aims

To present a rare case of space-occupying lesion of the liver.

Conflict of interest statement

None declared.

Methods

A 24-year-old student from Bangladesh presented with a history of sweating, loss of appetite for a month, and fever. Having come to the UK 2 years ago, he had no previous illnesses. On examination, he looked pale, observations were normal, a BCG vaccine scar was noted on his arm, and he had tenderness in the right upper quadrant. His temperature was spiking, mainly at night. Blood tests and blood cultures were done.

Results

Computed tomography (CT) scan showed a 6.8 cm rounded mass between the left and right lobes of the liver. The possible diagnoses were an amoebic liver abscess or a hydatid cyst. Stool examination was normal. Serological tests showed a positive amoebic indirect fluorescent antibody test (IFAT) and a negative hydatid enzyme-linked immunosorbent assay (ELISA) test. These findings strengthened the diagnosis of amoebic liver abscess.

From the CT scan and serology test, a diagnosis of amoebic liver abscess was established. The patient was started on oral metronidazole and oral cefalexin for a total of 10 days, and then diloxanide furoate for 10 days. The patient responded well to treatment.

Conclusions

This is a case of a 24-year-old Bangladeshi student who presented with an amoebic liver abscess. This is the most frequent extraintestinal manifestation of *Entamoeba histolytica* infection and is an important cause of space-occupying lesions of the liver. It is rare in the UK and it is mostly seen in immigrants. Complications include pleuropulmonary infection, cardiac involvement and rupture into peritoneal organs. Uncomplicated cases can be treated with amoebicidal drug therapy alone; metronidazole, tinidazole and dehydroemetine are active in invaded tissues. ■

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