CASE REPORT

Miliary abscess of the liver: unusual complication of intestinal perforation

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Abstract

Miliary abscess of the liver represents a rare presentation of multiple liver abscesses. They often occur in immunosuppressed patients, or those with underlying liver disease. We report the case of a 22-year-old patient, without known immunodeficiency factors, surgical history or notion of tuberculous contacts, who was admitted for generalized peritonitis and ileal perforation. An ileostomy was performed. The infectious syndrome persisted in post-operative period, associated with painful hepatomegaly. An contrast-enhanced abdominal CT scan led to the diagnosis of miliary abscess of the liver. A blood culture isolated Escherichia coli. The treatment included antibiotics and the clinical evolution was favorable. The follow-up abdominal CT scan was normal. Intestinal continuity was restored without complications. Miliary abscess of the liver is rare and requires rapid diagnosis. The treatment is based on antibiotic therapy.

INTRODUCTION

Miliary abscess of the liver is defined by the presence of diffuse micro-abscesses within the liver parenchyma (usually 1–3 mm in diameter). The clinical signs are non-specific. CT scan with contrast can provide the diagnosis. Prompt diagnosis and initiation of treatment improves the prognosis. The treatment is based on antibiotic therapy. This is a rare condition and usually caused by Yersinia enterocolitica [1, 2]. It occurs most often in immunosuppressed patients. Three main routes of contamination are described: arterial, venous and biliary.

We report here the case of miliary abscess of the liver due to Escherichia coli in an immunocompetent adolescent. The objectives of this report are to describe the mechanism of occurrence, the management and to review the literature.

CASE REPORT

A 22-year-old male patient was admitted for generalized abdominal pain associated to bilious vomiting and fever for 3 days duration. He had neither known immunodeficiency, nor history of exposure to tuberculosis. He was healthy and took no medications prior to this acute illness. The patient reported an abdominal trauma in the near the umbilicus during a football game the week before admission. The clinical examination at the entrance revealed a temperature of 39°C, a tachycardia at 106 pulsations per minute. General appearance was normal. There was abdominal pain with tenderness to palpation. He had no other associated signs or symptoms. On admission, a plain abdominal X-ray demonstrated pneumoperitoneum. The white blood cell count was 11.200/mm³. He was taken emergently to
Miliary abscess of the liver is a rare condition, which requires investigation for immunosuppression or underlying liver disease. Faced with a febrile patient with abdominal pain, an abdominal CT confirms the diagnosis. The blood culture helps to isolate the responsible bacteria. The treatment is based on a prolonged course of antibiotics.

CONFLICT OF INTEREST STATEMENT

None declared.
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FUNDING
None.

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