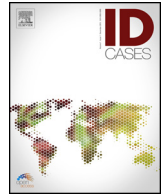




ELSEVIER

Contents lists available at [ScienceDirect](#)

IDCases

journal homepage: www.elsevier.com/locate/idcr

Case illustrated

Honeycomb liver abscess

Nobuaki Mori*, Koichi Murakami



Department of General Internal Medicine, National Hospital Organization Tokyo Medical Center, Japan

ARTICLE INFO

Article history:

Received 20 March 2017

Received in revised form 21 March 2017

Accepted 22 March 2017

Keywords:

Pyogenic liver abscess

Klebsiella pneumoniae

Long-term antibiotics

A 65-year-old Japanese woman was presented with a 2-day history of fever. The patient had undergone a surgery for uterine myoma 20 years prior. Drug history was unremarkable except for acetaminophen use. On admission, her temperature was 39.9 °C; she had tachycardia (117 beats/min) and no abdominal pain. A contrast-enhanced abdominal computed tomography revealed multiple multiloculated low-density areas in the liver (Figs. 1 and 2); pyogenic liver abscess was consequently suspected. Percutaneous drainage of the liver abscess was performed, although drainage was incomplete. Blood cultures on admission and liver abscess cultures grew *Klebsiella pneumoniae*. Subsequently, ceftriaxone and metronidazole were administered for the first week. However, since the fever persisted despite the susceptibility of *K. pneumoniae* to the antibacterials, meropenem was administered for the next 2 weeks. Following this, the fever subsided and

meropenem was switched back to ceftriaxone and metronidazole. The patient's condition gradually improved by total parenteral nutrition and long-term intravenous antimicrobial treatment over 8 weeks, and the liver abscesses decreased in size. Subsequently, oral antimicrobials were administered; the overall antibacterial treatment duration was 6 months. The patient remained well at the 6-months follow-up.

The incomplete drainage in our case may have been due to the presence of a cystic lesion and a large abscess¹. If there are multiple pyogenic liver abscesses that are large and multiloculated, such as this in this case, surgical drainage and long-term administration of antimicrobials are necessary.

* Corresponding author at: Department of General Internal Medicine, National Hospital Organization Tokyo Medical Center, 2-5-1 Higashigaoka, Meguro-ku, Tokyo 152 8902, Japan.

E-mail address: nobuaki.m@icloud.com (N. Mori).

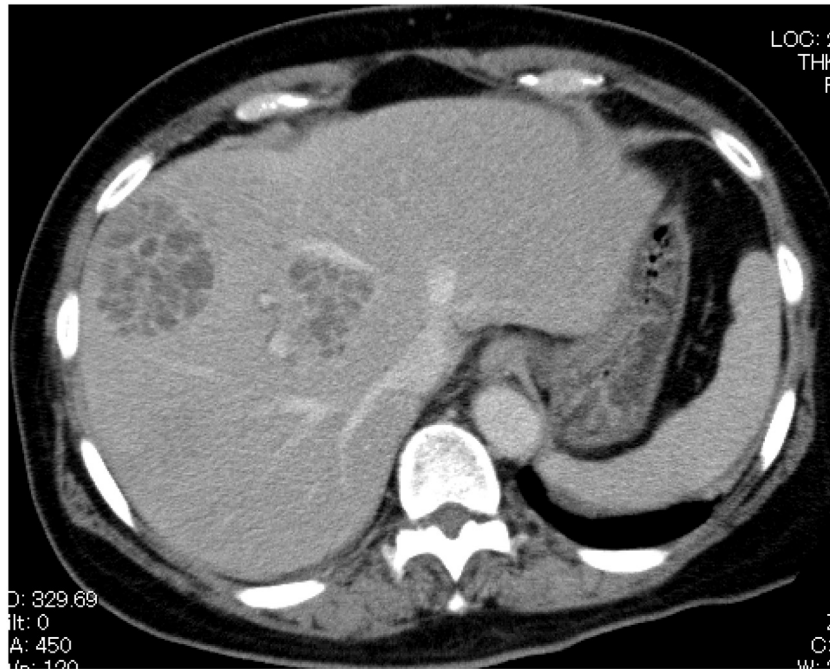


Fig. 1. An abdominal computed tomography with contrast enhancement showed multiple multiloculated abscesses in right hepatic lobe (max diameter: 14 cm).

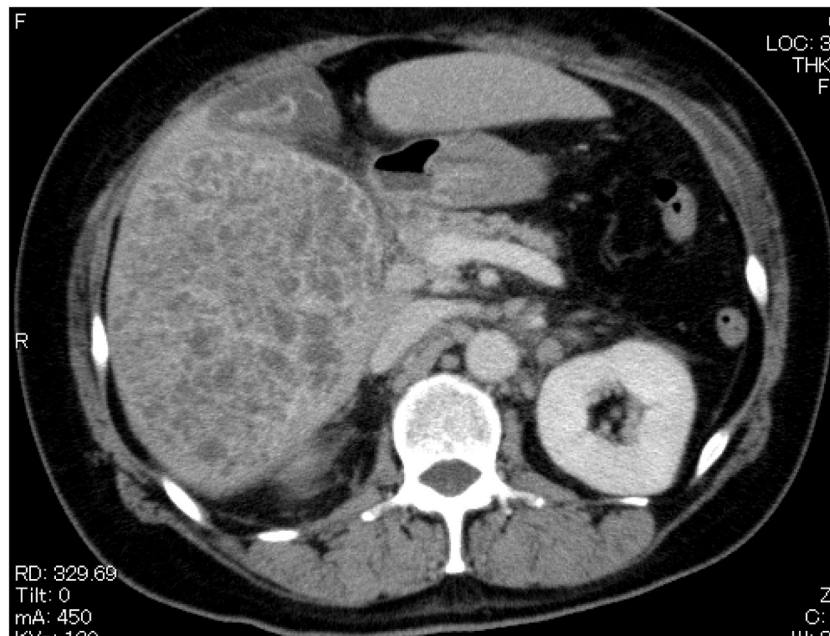


Fig. 2. An abdominal computed tomography with contrast enhancement showed multiple multiloculated abscesses in right hepatic lobe (max diameter: 14 cm).

Conflict of interest disclosure

The authors declare no conflict of interest associated with the manuscript.

Informed consent

We obtained the patient consent from the patient for publication of this case report and accompanying image.

Acknowledgement

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

References

- [1] [Pyogenic liver abscess treated by percutaneous catheter drainage: MDCT measurement for treatment outcome. Eur J Radiol 2012;81:609–15.](#)