

[PICTURES IN CLINICAL MEDICINE]

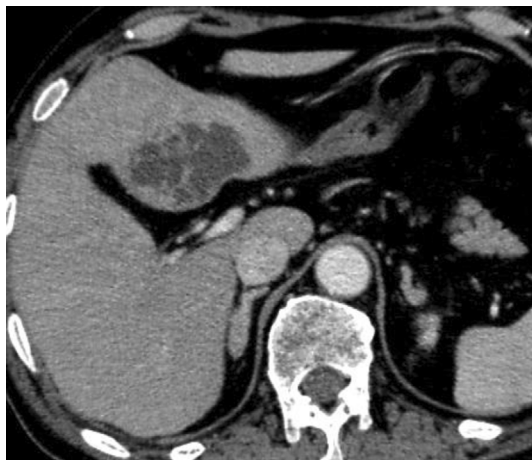
Invasive Liver Abscess Syndrome Caused by *Klebsiella pneumoniae*

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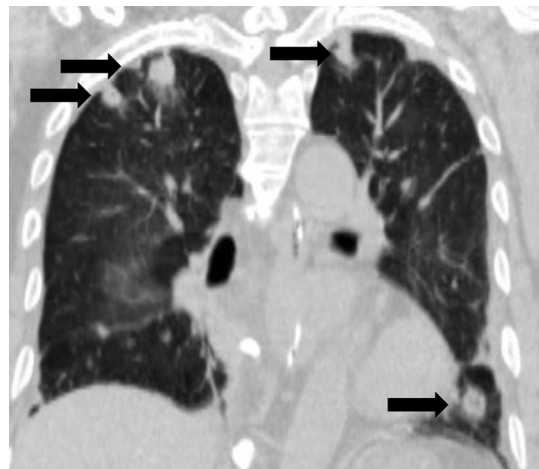
Key words: *Klebsiella pneumoniae*, liver abscess, meningitis, PTAD

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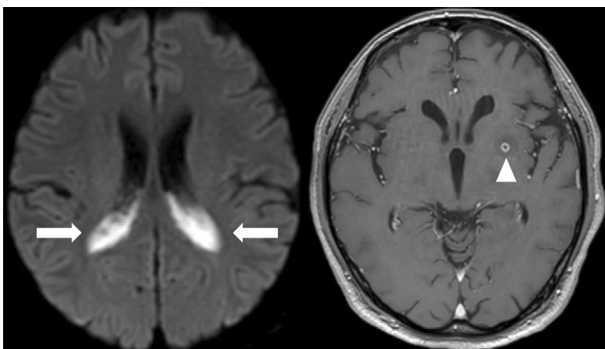
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Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 68-year-old man with a rapidly progressing loss of consciousness and neck stiffness was transferred to our hospital. He had no remarkable history except for an elevated HbA1c level of 6.9%. Computed tomography (CT) revealed a 55-mm low-density area in segment 4 of the liver (Picture 1)

and multiple lung nodules (Picture 2; black arrows). Magnetic resonance imaging revealed abscess formation in the lateral ventricles (Picture 3; white arrows) and an 8-mm

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brain abscess (Picture 3; white arrowhead). We diagnosed him with invasive liver abscess syndrome accompanied by meningitis, brain abscess, and septic pulmonary embolism and performed percutaneous liver abscess drainage and administered meropenem. *Klebsiella pneumoniae* was detected in the cultures of the liver abscess, blood, and cerebrospinal fluid specimens, so meropenem was replaced with ceftoraxone. Three months later, CT revealed intervertebral discitis (Picture 4; white circle), so ceftoraxone was replaced with levofloxacin. While *K. pneumoniae* is common, a new hypervirulent *K. pneumoniae* variant associated with a high mortality rate is emerging as a global disease (1, 2). The present patient was discharged 168 days after admission without severe sequelae.

Author's disclosure of potential Conflicts of Interest (COI).

Shuji Terai: Honoraria, Otsuka Pharmacy.

References

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