

INTRODUCTION

Liver abscess continues to be a major diagnostic and therapeutic challenge to the medical fraternity. It is a life threatening and a potentially serious condition if left untreated. Therefore, it is very important for prompt diagnosis and appropriate management at the earliest.¹

The two common types of liver abscess encountered are amoebic liver abscess and pyogenic liver abscess.

Amoebiasis is a common infestation in developing countries due to poor sanitary facilities. It affects about 10 % of the population all over the world. Amoebic liver abscess is the commonest extra intestinal manifestation of amoebiasis. It affects about 3-9 % of victims. India is an endemic zone for amoebic liver abscess. It may present as acute abdomen

requiring emergency laparotomy. Spontaneous intraperitoneal rupture, extra and retroperitoneal rupture and intrathoracic rupture are frequently seen in liver abscess. Delay in diagnosis may lead to rupture of liver abscess which may increase the morbidity as well as mortality.²

AIM OF THE STUDY

The aim of this prospective study is

1. To study the incidence and etiology of liver abscess.
2. To evaluate the clinical features of liver abscess.
3. To evaluate the management and prognosis in liver abscess.

SUBJECTS AND METHODS

This study was conducted in Government Rajaji Hospital, Madurai from March 2015 to August 2016.

CASE SELECTION

The study population consists of patients admitted in General Surgery wards of Government Government Rajaji Hospital, Madurai with features suggestive of Liver Abscess.

INCLUSION CRITERIA

Patients admitted in General Surgery wards of Government Rajaji Hospital, Madurai confirmed to be of liver abscess.

CONCLUSIONS

Liver abscess constitutes 0.29% of total surgical ward hospitalizations per year.

Liver abscess was more commonly seen in the age group of 41-50 years.

Male predominance 97.9% was seen in liver abscess.

Nearly two thirds of cases of liver abscess had a history of alcohol intake.

Majority of liver abscess were amoebic and nearly 10% were pyogenic.

Eschericia coli was the commonest organism causing pyogenic liver abscess.

Abdominal pain was the commonest symptom of liver abscess followed by abdominal distension and fever.

Right hypochondrial tenderness and intercostal tenderness were the common clinical signs in liver abscess.

There was a predominant involvement of the right lobe of the liver.

Percutaneous aspiration of abscess with anti amoebic and antibiotics forms the mainstay of treatment.

Percutaneous catheter drainage is method of choice in failed aspiration and laparoscopic drainage or laparotomy and drainage is indicated in ruptured liver abscess

Key words : Laparoscopic drainage, hypochondrial Eschericia coli pyogenic liver abscess

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