ABSTRACT

RATIONALE FOR STUDY

Though Liver abscess was described early as 460-377 B.C. by Hippocrates, it still remains a challenging situation. India has 2nd highest incidence of liver abscess in the world. The rising incidence in alcoholics, diabetics & immunocompromised individual has become a matter of grave concern as complication rate are high especially in this sub-group leading to increased morbidity and mortality.

Liver abscesses is, even to-day, considered a ‘desperate disease’ and it is no wonder that many ‘desperate’ measures have been tried to cure this condition.

As more advanced facilities for investigation are now available, a more concrete picture of liver abscesses is slowly evolving. Much work, however, remains to be done. The story has not ended: it has only just begun

AIM

To study various clinical presentation and treatment modalities of liver abscess

METHODOLOGY

It is prospective study of 60 cases of liver abscess. 60 of them are to be selected on the basis of non probability (purposive) sampling method. Patients' data will be collected from all patients attending Govt. Royapettah Hospital General Surgery OPD, Casualty and Inpatient department, irrespective
of their age/gender/ background/socio economic status. Detailed history of patient will be entered in proforma. Complete haemogram, Liver function test (LFT), Prothrombin time, Stool for ova, cyst, Serology for amoebic antigen will be sent immediately on presentation. Preliminary Ultrasound (USG) of Abdomen and Pelvis will be done on the same day of presentation. These patients will be evaluated and followed up according to protocol.

RESULTS

This study is based on the reports of 60 patients treated for liver abscess, most common age group affected by Liver abscess was between 41-50 years. The most common symptom was fever, followed by pain abdomen. The right lobe was more commonly affected. Multiple small abscesses and solitary abscess with volume less than 50 ml were managed successfully on conservative antimicrobial therapy alone.

CONCLUSION

Since the Pearson correlation coefficient value is 0.304, there is a positive correlation between both Hospital stay duration and Complication. Also If less than 50 ml can be managed conservatively

KEY WORDS:

Pyogenic, amoebic, pigtail