AMOEBIC LIVER ABSCESS. A PROSPECTIVE STUDY OF 200 CASES IN A RURAL REFERRAL HOSPITAL IN SOUTH INDIA

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This prospective study was carried out on 200 patients with clinically, ultrasonographically and serologically confirmed amoebic liver abscess (ALA). All patients were evaluated clinically and by ultrasound on admission and day 15 and subsequently after 3 and 6 months. The majority were young or middle aged males (93%) belonging to the lower socio-economic group. Sixty four percent gave history of alcohol consumption of locally fermented brands. The common clinical manifestations were right upper quadrant pain (92%). None of the liver function tests were diagnostic though alkaline phosphatase was elevated in 69.5% of patients. Ultrasonography was useful in diagnosis and quiding needle aspiration. The size of the abscess varied from 2cm to 15cm in diameter. Seventy one (35.5%) patients underwent ultrasound quided needle aspiration, 10 required surgical drainage and the rest antiamebic drugs alone. Initial response was better in aspirated group (p <0.05) but resolution of abscess (by ultrasound) after 6 months was similar. There were no complication of the procedure and no deaths. Needle aspiration combined with chemotherapy represents a successful therapeutic approach in the management of ALA. Despite successful therapy, 61 of our 200 patients had residual abscess cavity on ultrasound examination even after 6 months demonstrating that complete resolution of ALA is slow. Bahrain Med Bull 1995;17(4):

Infestations with the protozoan Entamoeba histolytica are worldwide in distribution but more common throughout the tropical and sub-tropical areas. It is a major problem in India1². Amoebic liver abscess (ALA) is the most frequent extra intestinal complication. Poor hygiene, contaminated drinking water, malnutrition, hepatic dysfunction, low host resistance, alcohol intake, delayed or inadequate treatment are all responsible for the disease in the lower socio-economic group.