

Management of Pyogenic Liver Abscesses in Single Hospital over 5-year Period

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Introduction. Pyogenic liver abscesses are uncommon but still challenging diagnosis, which demands multidisciplinary approach. They develop following intraabdominal infection with subsequent spread to liver via portal circulation or via direct spread from biliary tract infection. Also haematogenous spread is possible. Modern management of pyogenic liver abscess prefer antibacterial and minimally invasive procedures over surgical treatment.

Aim, Materials and Methods. The aim of this study was to review the experience in pyogenic liver abscess management, compare it with literature data and to develop local guidelines for treatment.

In a 5-year period, 41 patients presented in a single teaching hospital with pyogenic liver abscess. Clinical presentation, demographic, diagnostic, treatment and aetiological details were reviewed.

Results. Mean age was 63 years. Male to female ratio was 51% : 49%. Common clinical features: abdominal pain 41%, weakness and fatigue 36%, fever 36%. All patients received antibacterial therapy and percutaneous drainage as first treatment in 88% of cases. Antibacterial therapy alone was sufficient in five cases where abscesses were under 5 cm in diameter. In one case open surgical approach was needed due to failure of percutaneous drainage. One patient died right after percutaneous drainage due to multiorgan failure. Median abscess diameter was 6.8 cm, localised in right liver lobe in 73%. In 61% solitary abscess was found. Most common microorganism found was *Clebsiella pneumonia* and *Escherichia coli*. Liver abscesses were associated with gallstone disease, biliary tract infections, chronic and acute pancreatitis, and systemic inflammation such as pneumonia. Additional risk factor is diabetes mellitus.

Conclusion. Modern management of liver abscesses include treatment in tertiary medical center, antibacterial therapy and percutaneous drainage. Surgical approach is still an option in selected cases, when percutaneous drainage fails.