



Amebic Liver Abscess in an Immunocompromised Patient

A Case Report



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BACKGROUND & RATIONALE

Amebiasis is caused by *Entamoeba histolytica*, a protozoan transmitted in endemic areas with poor sanitary conditions.

We present a case of ALA in a high-risk patient, highlighting the importance of timely diagnosis when facing atypical clinical presentations, and individualized treatment approaches based on the patient's clinical condition, thus optimizing outcomes.

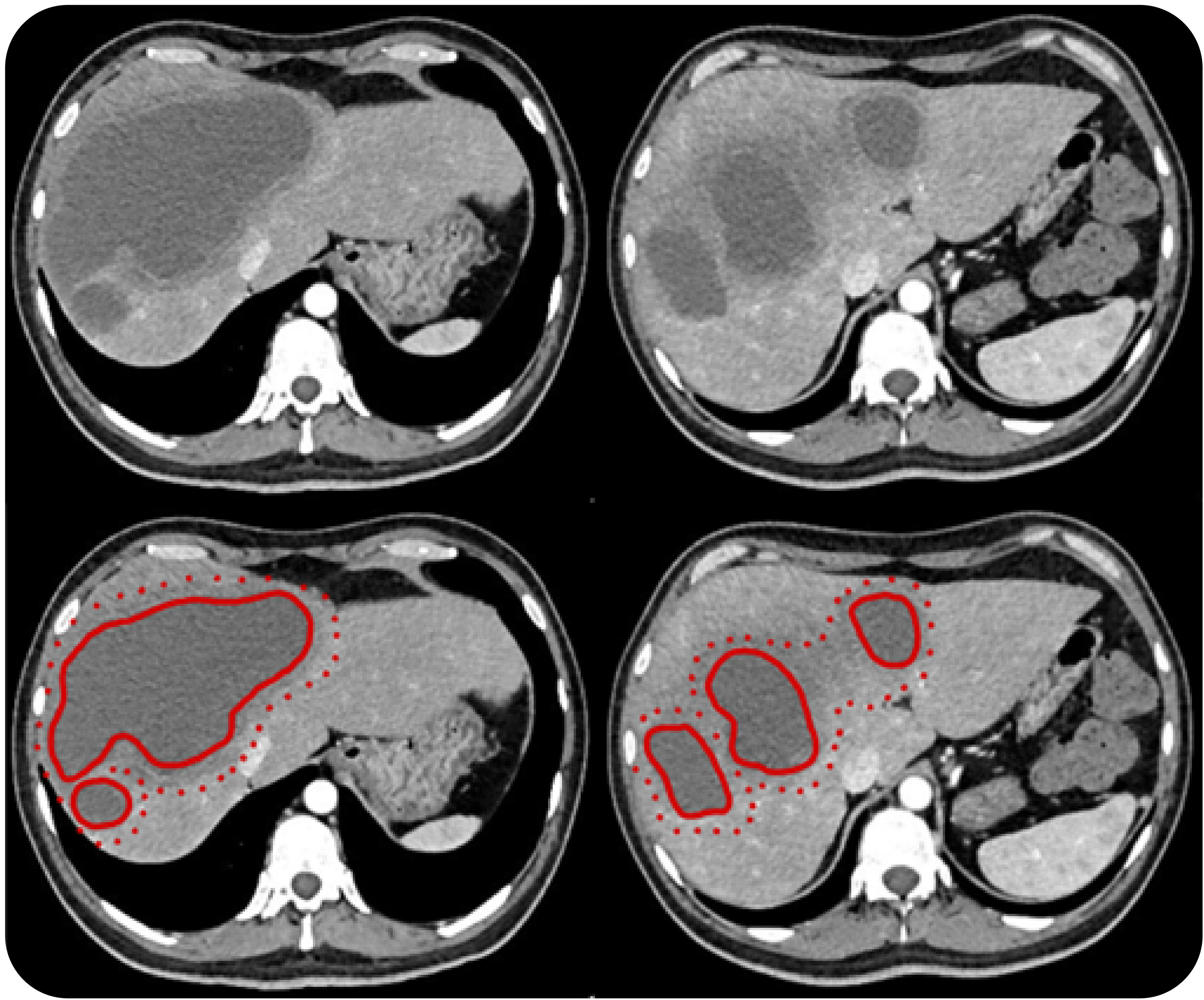


Fig 1. Preoperative contrast-enhanced abdominal CT.

CASE PRESENTATION

A 44-year-old Peruvian male with uncontrolled diabetes. Symptomatology included insidious epigastric pain and persistent fever.

- **Preoperative abdominal CT scan**

Non-enhancing, multilocular collection (outlined by solid red lines), ~811 cc; partially defined, contrast-enhancing borders (outlined by dotted red lines); involving segments VII, VIII and IVa. (Fig 1)

- **Surgical Intervention**

Initial antimicrobial therapy proved unsuccessful. Laparoscopic drainage of the liver abscess followed by cholecystectomy was performed. Intraoperative cholangiography & US probe scanning the hepatic parenchyma to identify optimal capsulotomy site. (Fig 2 and 3)

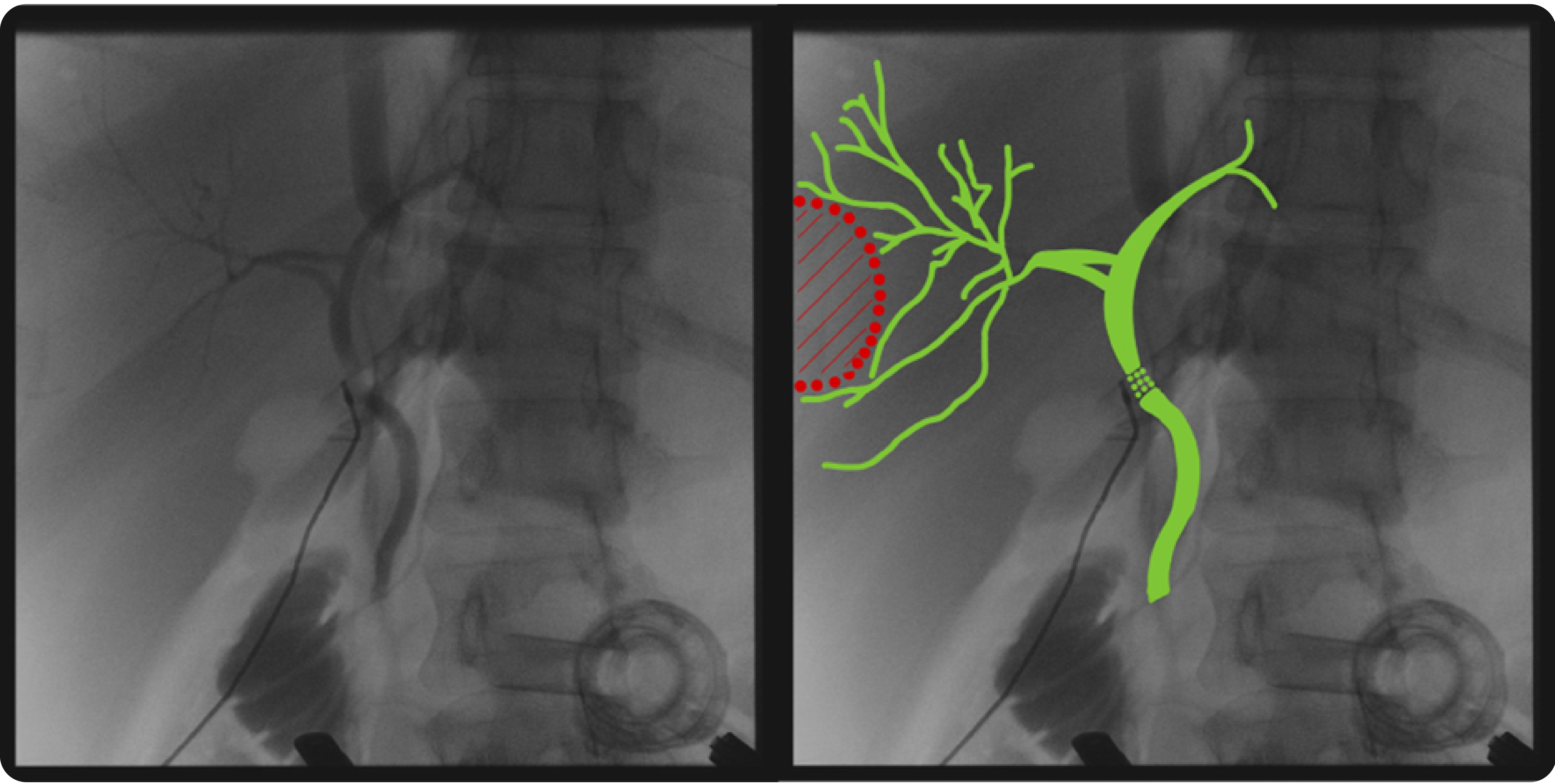


Fig 2. Intraoperative cholangiography.

DISCUSSION & CONCLUSION

Definitive management required a multidisciplinary approach combining antimicrobial therapy, escalation to laparoscopic drainage with multimodal intraoperative imaging, individualized stepwise drain management, and comprehensive endocrinological control for diabetes.

Takeaway

A high index of suspicion is essential for timely, accurate diagnosis of ALA, especially with atypical presentations and in high-risk patients. Dynamic, multidisciplinary treatment strategies are crucial for successful resolution.

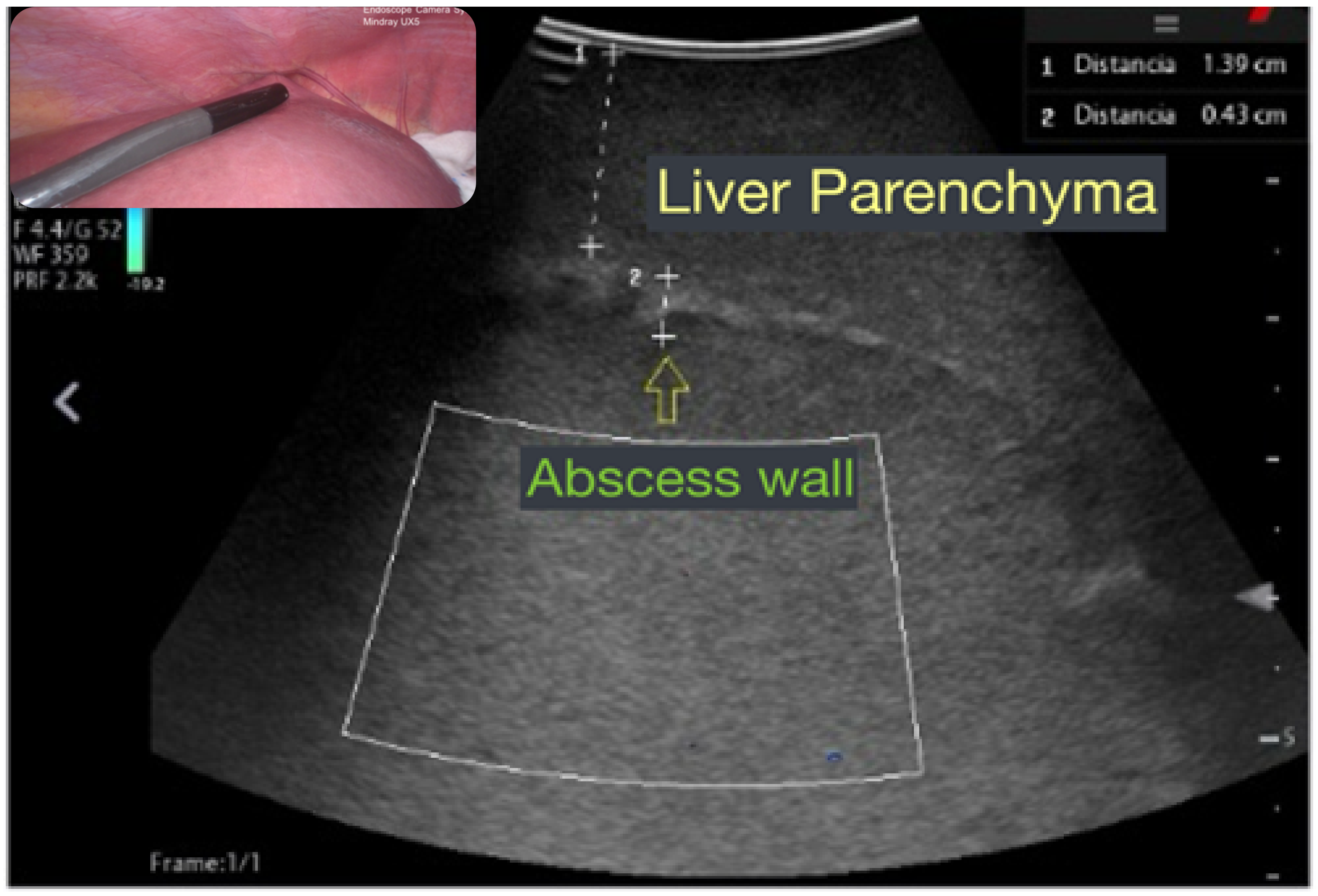


Fig 3. Intraoperative US: Guidance for abscess drainage.