Diagnostic challenges in a case of hepatic abscess with Actinomyces odontolyticus and Streptococcus intermedius

Oana Avram ¹, Irinel Oancea ², Radu Alexandru Macovei ¹, Luminita Coldea ¹, Madalina Ilie ¹

¹Clinical Emergency Bucharest Hospital, Romania

²Phoenix Imagistic Clinic

Background

- ❖ In rare cases Actinomyces species may cause **actinomycosis**, characterized by **abscesses formation in the lungs or gastrointestinal tract**
- ❖ Cervicofacial infections are the most often seen form of the disease, hepatic localization appears in **15%** of patients with abdominal symptoms
- ❖ *A case of hepatic abscess in an immunocompetent female who came with an unusual presentation and no others signs of liver suffering*

Case presentation

73 y old female

- Dislipidemia
- HBP

- diplopia
- asthenia
- sixth cranial nerve paresis

- normal cerebral MRI
- normal common laboratory investigations

(after 3 days)

- Low BP
- Fever
- Shortness of breathing
- Lombar pain
- Haematological disturbances

SEPTIC SHOCK

DAY 7

Pigtail Catheter 10F insertion under ultrasound guidance

- evacuation of 20 ml pus
- lavage with saline

Sample	Day	Germ	Antibiogram
Blood	Positive Day 4	Streptococcus intermedius	S: Penicillin, Ceftriaxone, Cefotaxime, Ofloxacin, Vancomycin, Linezolid, Rifampicin, Cloramfenicol, Clindamycin, Doxycycline; R: Sulfamethoxazole/Trimethoprim
Urine	Negative Day 1 & 5		
Abscess content	Positive Day 7	Actinomyces odontolyticus	S: Penicillin Cefotaxime Cefriaxone R: Levofloxacin
	Positive Day 7	Streptococcus anginosus	S: Penicillin, Ampicillin, Cefotaxime, Ceftriaxone, Clindamycin, Vancomycin
Catheter tips	Negative Day 15		

D1-D10	Meropenem 3g/d Linezolid 1.2g/d
D14-D32	Meropenem 4g/d (1g every 6 h) Penicillin 24 mil/day (6 mil every 6 h)
D33-D47	Amoxicillin 6 g (2 g every 8 h) Doxycycline 200 mg (100mg every 12 h)

Axial CT section in porto-venous phase showed a **polycystic mass** with **multiple septa** in left lobe, consistent with a hepatic abscess (arrow).D1

Percutaneous drainage of hepatic abscess, a **subcapsular hematoma** in left hepatic lobe has developed. CT showed the presence of **hepatic abscess** (arrow), the drainage tube into the abscess and the subcapsular hematoma on visceral margin of the left lobe (arrowhead). D13

Magnetic resonance examination (axial T1 sequence with contrast agent on porto-venous phase) showed **complete resolution of hepatic abscess**. The subcapsular hematoma showed a significant reduction in size (arrowhead) D36

Conclusion

1. The peculiar onset of the disease in a immunocompetent patient with no abdominal symptoms or initial sepsis signs.
2. The percutaneous drainage was complicated with a subcapsular hematoma.
3. Successfull conservative management.