

## **LIVER ABSCESS IN DIABETICS-ANALYSIS OF CASES FROM A REGIONAL TEACHING HOSPITAL**

### **糖尿病人合併肝膿瘍-某區域教學醫院之病例分析**

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#### **BACKGROUND:**

Diabetics are more likely to have a pyogenic liver abscess which is a potentially life-threatening disease. With improvement in clinical practice and diagnostic tool, the prognosis could be better than ever.

#### **METHODS:**

28 cases of diabetes mellitus with liver abscesses in an 18-month period (Jan 2005 till Jun 2006) were studied. Their baseline characteristics, clinical presentation, image study, management, pathogen, and eye-complication were analyzed.

#### **RESULTS:**

60.7% (17 cases) were male. Their age were  $58.3 \pm 11.6$  years. The admission period were  $21.3 \pm 11.3$  days but  $22.0 \pm 11.0$  days while one case of AAD was excluded. 28.6% (8 cases) were newly diagnosed diabetics. 64.3% (18 cases) received aspiration and /or drainage, while only one case received operation. 71.4% (20 cases) were single lesion. 71.4% (20 cases) were within right lobe. 57.2% (16 cases) had WBC count over 10000. 7.1% (2 cases) had complicated with endophthalmitis. 23 cases had HbA1c data and 15 cases of them (65.2%) had level  $\geq 9\%$ . Klebsiella pneumoniae was identified in 23 cases (82.1%). There was one mortality(3.6%).

#### **DISCUSSION/CONCLUSION:**

Diabetes mellitus alone, without demonstrable infectious foci, was an important predisposing factor for pyogenic liver infection. In our survey, only 2 cases were younger than 40 y/o and most of the lesion were single and within right lobe. Up to 28.6% had no diabetes history before this episode. It reminds us the importance of serial glucose monitoring for these patients. Most patients had poor-controlled HbA1c which could partially explain their poor immunity. Normal WBC count could develop. Due to abscess rupture, operation was performed in one case which still failed to survive later. Routine eye-check is necessary since the risk of endophthalmitis is high. An American retrospective study of 10-year period reveals that K. pneumoniae has become the predominant etiology of pyogenic liver abscess and the mortality has decreased substantially. Studies of Korea and Taiwan have the same finding. Though the clinical presentation of liver abscess between diabetics and non-diabetics was not significant different, the former had more complications. Early and adequate drainage for pyogenic liver abscess with parenteral antibiotics and intensive sugar control are crucial.