Abstract No: 797 Health and Hygiene

CLINICAL AND LABORATORY FINDINGS OF PATIENTS WITH LIVER ABSCESS ADMITTED TO THE TEACHING HOSPITAL JAFFNA

S. Kannathasan^{1*}, W.M.D.R. Iddawala², N.R. De Silva³, S. Ushjenthan¹ and R. Haque⁴

Department of Pathology, Faculty of Medicine, University of Jaffna, Sri Lanka
Department of Parasitology, Faculty of Medicine, University of Peradeniya, Sri Lanka
Department of Parasitology, Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka

⁴International Centre for Diarrhoeal Disease Research, Bangladesh *selvamkannathasan@gmail.com

There has been a recent increase in the number of patients admitted to the Teaching Hospital (TH) Jaffna complaining of fever and right hypochondrial or abdominal pain, with a clinical suspicion of a liver abscess (LA). The objective of this study was to obtain demographic details, investigate the clinical condition and perform laboratory analysis of samples of pus and faeces of these patients admitted during the period July 2012 – July 2013.

Demographic details of 192 patients with suspected LA and their clinical and ultrasound scan findings were recorded in a data sheet. Wet smears, trichrome staining, culture for amoebae in Robbinson's media and bacteria cultures were done on samples of faeces and pus, in the Parasitology laboratory of the University of Jaffna.

Of the 192 patients, 99% were males and the average age was 47.5±0.876 years. Ninety eight percent were alcoholic. All complained of prolonged fever (>5 days) with right hypochondrial pain with or without abdominal pain. Ninety six percent had tender hepatomegaly. Ultrasound scanning showed 85% of the abscesses to be in the right lobe of the liver and among these 42 were multiple abscesses. Fifty seven percent had an abscess >5 cm in diameter. Seventy percent of the abscesses were drained. The average volume of pus was 44.22±1.127ml and in 88% the pus was chocolate brown in colour. All patients were specifically treated with metronidazole coupled with supportive therapy. All the faecal samples were negative for *Entamoeba histolytica* cysts or tropozoites. Four pus samples were positive for *E. histolytica* tropozoite. The pus cultures were negative for bacterial growth.

These results together with the positive outcome of the treatment, suggest that the suspected LA were amoebic in origin. Since LA emerges as a health threat in northern Sri Lanka, further studies are warranted to identify risk factors and implement intervention measures in order to prevent and control the disease.

Financial assistance given by the HETC project (JFN /O-Med/ N8) is acknowledged.