

Septicaemia and liver abscesses after a skin ulcer in the tropics

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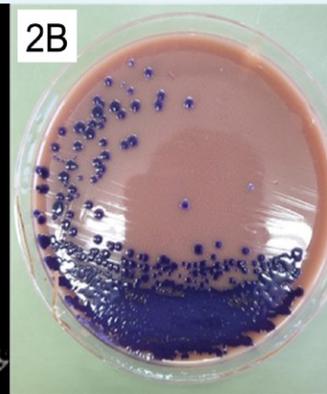
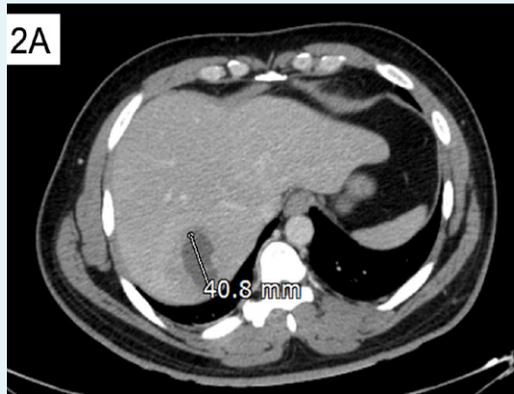
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Figure 1. A healing skin ulcer (3 x 1 cm) on the left shin, caused by blunt force trauma



Figure 2A. Transversal CT image showing a hypodense lesion suggestive of liver abscess

Figure 2B. Culture of the pus aspiration demonstrating a distinctive violet-pigmented, bacterial colony on a chocolate agar plate



CASE REPORT

A 40-year-old, previously healthy man presented to the internal medicine outpatient clinic in Paramaribo, Suriname with a six-week history of intermittent fever. Approximately four days prior to onset of his fever, he had waded through stagnant, fresh water with a leg wound caused by blunt force trauma. Physical examination revealed a non-septic patient with pain in the right upper abdomen and a healing skin ulcer on the left shin (figure 1). Laboratory results showed evident inflammation with leucocytosis $21.9 \times 10^9/l$ [$4.5-11 \times 10^9/l$] and C-reactive protein 285 mg/l [0-5 mg/l]. Liver enzymes were normal and HIV screening was negative. Abdominal CT scan showed multiple liver abscesses, the largest was 41 mm in

diameter (figure 2A). Because of the subpleural localisation of this abscess, drainage was deemed too risky. Culture of aspirated pus showed growth of a single species of bacteria with a distinct violet pigment (figure 2B). The blood culture yielded the same microorganism. What is your diagnosis?

WHAT IS YOUR DIAGNOSIS?

See page 304 for the answer to this photo quiz.