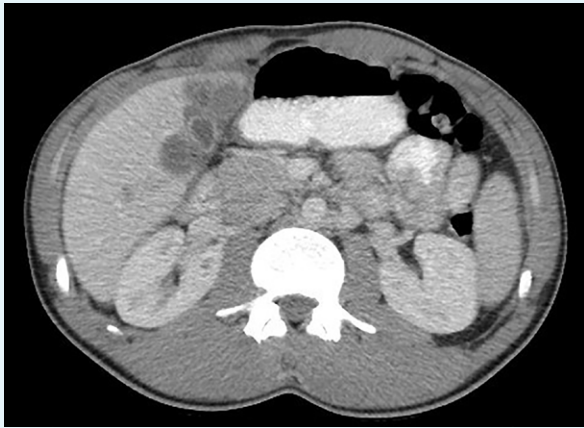# A fascinating liver abscess

**C.A.J. van Beers[1]*, A-J. van Tienhoven[1], C. Stijnis[2], J. Veenstra[1]**

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Figure 1. *CT scan showing liver abscesses in the left liver lobe*	**Figure 2.** *Histological biopsy of abscess wall in the left liver lobe*
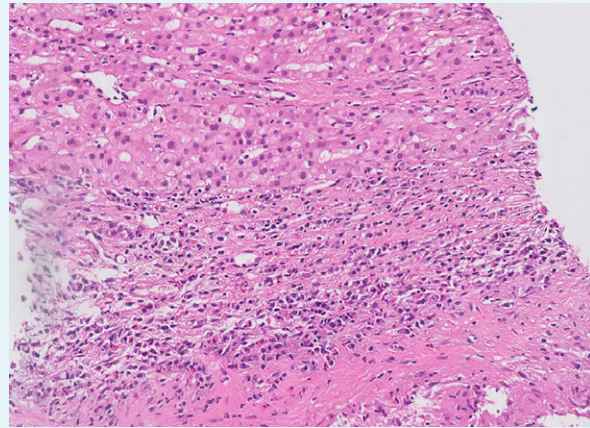
Standard haematoxylin and eosin staining showing connective tissue with eosinophilia, necrosis, and a small amount of liver parenchyma. The necrosis is marked by histiocytes and crystalline structures.

CASE REPORT

A 28-year-old male patient was referred, presenting with a continuously present generalised abdominal pain for two months. He also complained of recurrent fever, night sweats, and weight loss. He had travelled to Bali, Indonesia seven months earlier, where he ate raw vegetables and drank unboiled water. At presentation, he was haemodynamically stabile (blood pressure 134/69 mmHg, heart rate 54 bpm), with a temperature of 37 °C. Physical examination did not reveal any potential diagnostic clues. Laboratory results showed slightly elevated inflammation parameters (erythrocyte sedimentation rate 22mm/h; C-reactive protein 30 mg/l), elevated liver enzymes (ALAT 86 IU/l; ASAT 64 IU/l; gamma-GT 69 IU/l; alkaline phosphatase 209 IU/l; total bilirubin 8 µmol/l), and peripheral eosinophilia (3.1 x 10^9/l). A CT scan of the abdomen demonstrated multiple hypodense structures in the liver suggestive of multilocular abscesses (figure 1). Puncture and histologic biopsy of the abscesses were performed before antibiotics were empirically started. The histological biopsy showed necrotising granulomatous inflammation with eosinophilia (figure 2).

WHAT IS YOUR DIAGNOSIS?