



## AMOEBIC LIVER ABCESS IN POST COVID SEQUELE

### General Surgery

<b>Aravind kumar.KR</b>	Post Graduate, Department Of General Surgery, Chettinad Hospital And Research Institute.
<b>N.Mithravinda*</b>	Post Graduate , Department Of General Surgery , Chettinad Hospital And Research Institute. *Corresponding Author
<b>Muralidhar.V</b>	Professor, Department of General Surgery, Chettinad Hospital And Research Institute
<b>Zainab Hameeda Begum</b>	Department Of General Surgery , Chettinad Hospital And Research Institute.

### ABSTRACT

Presenting a rare case of amoebic liver abcess with post covid pneumonia

### KEYWORDS

Amoebic liver abcess, Covid

#### Case:

A 52 year old male alcoholic and non smoker presented to the emergency with complaints of low grade intermittent fever , cough, generalized myalgias, throat pain. He complained of tiredness and breathlessness. He complained of loss of appetite. Physical examination showed heart rate of 110/min. Respiratory rate of 30/min. Temperature of 98.7°F . Oxygen saturation of 86%. Normal vesicular breath sounds were heard on auscultation. Per abdomen was soft.

RT PCR was positive for covid. Blood counts , LFT, RFT, ECG, Serum electrolytes, urine routine examination were normal. CRP, Ferritin, IL-6 are elevated. Patient was treated with ceftriaxone, LMWH, favipiravir and vitamin supplements.

16 days later the patient came with complaints of high grade intermittent fever, retrosternal heartburn, vomit of food particles, easy fatigability, breathlessness. Physical examination showed : blood pressure of 140/70 mmHg, heart rate of 103/min, oxygen saturation of 93% with RA, temperature of 98.6°F. Per abdomen was soft, no auscultatory findings were present. Clinical impression was ?GERD with covid.

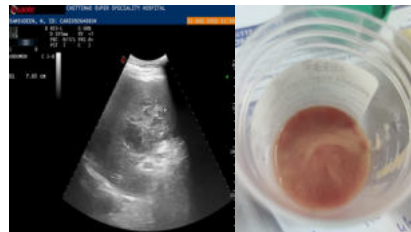
RT-PCR for covid was negative. RFT, Serum electrolytes, CRP, serum amylase, serum lipase, bleeding time, clotting time were normal. Stool for occult blood was negative. Altered LFT was present. Elevated TLC, D-Dimer, ferritin, IL-6 were present. Urinalysis was positive for albumin, sugar and leukocyte esterase.

Ultrasonography abdomen showed a collection of 130 ml in segments 4a, 4b with central solid components which suggested hepatic abscess along with splenomegaly. Review ultrasonogram 22 days later showed hypoechoic collection with septations of 61 ml with central solid components.

HRCT-Chest showed features suggestive of atypical pneumonia-COVID-19 {CO-RADS-4 } with 80 % lung involvement and CT severity score of 20/25. Review CT -CHEST 20 days later showed atelectatic bands with reticular opacities/fibrosis and occasional ground glass appearance in all lung lobes.

CT-Abdomen showed hypodense lesion with irregular margins of size 9.2x6.3x7cm in segment 4a,4b of liver, splenomegaly, mild ascites. Review CT-Abdomen 20 days later showed hypodense lesion of multiloculated collection of 8x6x7cm in segment 4 of liver.

Ultrasound guided fluid tapping was done which contained anchovy sauce pus.



#### Diagnosis:

A rare case of amoebic liver abscess in post covid pneumonia

#### CONCLUSION:

Amoebic liver abscess may occur after covid 19 infection probably due to decreased immunity. Further studies on post covid immunity and it's relation to infectious diseases are warranted.

