

Salmonella enteritidis liver abscess

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Dear Editor

A 56 year old Vietnamese American male presented to our hospital with sudden onset epigastric pain that was achy and intermittent with some pleuritic component. He denied fevers or other constitutional and abdominal symptoms but reported anorexia and generalized fatigue for 1 month. He had a remote history of alcohol abuse and had recently returned from a one month leisure trip in Vietnam, where he denied fresh water swimming and claimed to have consumed only bottled water. He was taking acetaminophen-codeine as needed for pain and denied any allergies.

His examination was remarkable for a BMI of 14.4, generalized wasting, mild right upper quadrant and epigastric tenderness; Murphy's sign was negative. Initial labs were significant for microcytic anemia (hemoglobin 12.3 g/dL), INR 1.3, albumin 2.5 g/dL, direct bilirubin 0.5 mg/dL, ALT 49 IU/L, glucose 336 mg/dL. Lipase was normal, HIV non-reactive.

Computed tomography (CT) of the abdomen revealed a mass in the medial segment of the left hepatic lobe measuring 6.0 x 3.7 cm with well-defined margins, containing numerous cystic appearing areas and enhancement of the solid portion around the cystic components (Figure 1).

Ultrasound guided hepatic abscess drainage yielded thick tenacious pus and a pigtail catheter was placed. The fluid was pink, turbid, white blood cells 932000/uL, 100% neutrophils. Cultures grew *Salmonella* serotype enteritidis. Serologies for *E. histolytica* and *Echinococcus* were negative.

The patient was started on piperacillin-tazobactam and metronidazole, and discharged with oral ci-

profloxacin based on sensitivities. Repeat abdominal CT two weeks after presentation showed resolution of the previously described mass and the patient was clinically better.

Liver abscesses are rare in the developed world. They are classed as either amebic or pyogenic in nature, with an incidence of 1 and 11 cases per million persons per year respectively.¹ Pyogenic abscesses are most common in the right lobe, followed by the left and caudate lobes; *Escherichia coli*, *Klebsiella pneumoniae* are the most common isolates followed by *Bacteroides*, *Streptococcus* and *Enterococcus* spp.^{1,2}

Hepatic abscesses secondary to non-typhi salmonella are very rarely described in the general population, especially in the developed world. Their pathogenesis has been described in patients with HIV³ and our patient was likely at increased risk given his history of alcohol abuse.⁴ Despite this unusual etiology, he responded to dual therapy with antibacterial agents and percutaneous drainage.^{3,4}



Figure 1. CT showing a left hepatic lobe mass with well-defined margins containing numerous cystic appearing areas.

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CONFLICT OF INTEREST

We the authors disclose no conflict of interest and no funding sources related to the submission of 'Salmonella enteritidis liver abscess'.

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