6/12/26 Morning Report with @CPSolvers

"One life, so many dreams" **Case Presenter**: *Javier(@javierperezn)* **Case Discussants**: *Rabih(@rabihmgeha) & Reza(@ExDxEdu)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Lukas)

CC: 58 yo woman p/w persistent right upper quadrant pain and intermittent subjective fever

HPI: previous hospitalization 2 weeks ago: managed as pyogenic liver abscess. Imaging showed heterogeneous lesions in the hepatic dome with internal low attenuation areas. IR did percutaneous drainage but only a small amount of dark red viscous fluid was obtained.
Cultures negative and molecular studies negative.
Resistant to multiple antibiotic regimens (gram negative covered)
Presents now to ED

ROS: transient visual disturbances in vision (no case associated)

PMH:
-Crohn's (in remission)
-Pulmonary coccidioidomycosis
-Latent Tbc (positive interferon gamma release assay)

Social Hx:
Born in Honduras, living in California
Was previously in Honduras 2 months ago, traveled Central America
Hobbies: Does farming with lettuce?

Health-Related Behaviors:
No alcohol or tobacco or recreational drugs

Vitals: T: afebrile **HR**: - **BP**: - **RR**: - **Sat**: - **BMI**: -
Exam: Gen: alert in no acute distress
HEENT:
CV: hemodynamically stable; heart regular without murmur
Pulm: CTAB
Abd: soft with minimal or improving right upper quadrant tenderness, no peritoneal signs
Neuro: no focal neurologic deficit
Extremities/skin: No rash, petechiae or purpura

Diagnostics:

Liver aspiration: negative for aerobic and anaerobic fungal and acid fast organisms; repetitively negative stool tests for ova and parasites , negative for Mycobacteria

Microbiology from pleural effusion: negative

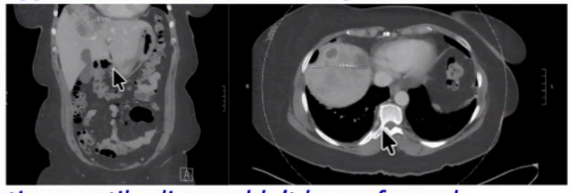
Molecular testing for bacterial and fungals: negative

Liver biopsy: many neutrophils, suggesting sterile abscess

Labs: alternating eosinophil counts up to 5,82

WBC: leukocytosis with peripheral eosinophilia Cr: normal AST/ALT: not markedly elevated

CT A/P with contrast: suggestive of abscess "traveling around the liver", migrating liver abscess



Serology: *Fasciola hepaticum antibodies couldn't be performed.*
E. histolytica Ab: neg Echinococcus granulosus neg Strongyloides IgG pos Schistosoma IgG neg ; Toxocara: pos ; Echinococcus: (pos 2nd time?)

After 3rd admission: Empirical treatment was given Triclabendazole (medication against Fasciola) with improvement of eosinophil count

Dx: Fasciola hepaticum infection

Problem Representation: 58 yo woman with in inflammatory syndrome with elevated eosinophils for 2 months with travel history to Honduras and exposure to lettuce p/w CC of RUQ pain and migrating liver abscesses on imaging. Rx against Fasciola was started after microbiology and serology was repeatedly negative/inconclusive.

Teaching Points (Glen)

-Subacute inflammation: infection, autoimmune, malignancy.
-RUQ pain: gallbladder, liver.

-Liver abscess without culture growth: Recent abx, anaerobes difficult to grow. Crohn's dx predisposition. Could be non-infectious.
-Liver Abscess w/o: explore geographical exposure, another imaging, karius testing(can be used in previous antibiotic exposure).

-Eosinophilia: moderate to severe. Primary(bone marrow dx) vs secondary(adrenal insufficiency, allergies, drugs, infections, malignancy).
-Eosinophilia + Liver Abscess: Focal dx. Less likely systemic.

-Migrating Liver Abscess + Eosinophilia; Parasites(Fasciolia)

-Positive Serology: Could just be exposure not dx. Response to treatment will help or further inv(biopsy).

47 participants