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肝膿瘍

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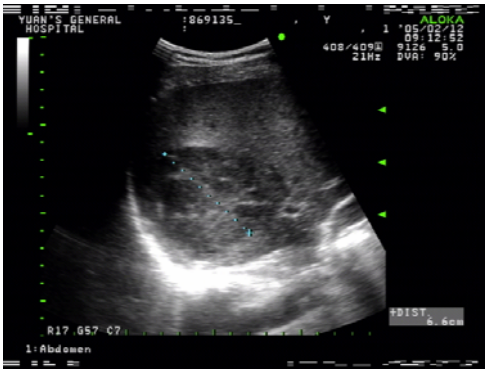
32 歲男性因發燒 4 天右下胸不適至急診就醫而住院。患者平時健康情形良好，沒有糖尿病，無不良嗜好，不抽煙、不喝酒。理學檢查顯示 BP 112/61mmHg BT 38.9℃ HR 125/min。無貧血、無黃疸，右上腹部有輕微壓痛無下肢水腫。血液檢查：WBC 16.0×103 /uL Hb 12.5 g/dL RBC 4×106 /uL。生化檢查：GOT 37 u/L GPT 58 u/L BUN 14 mg/dL Cr 1.0 mg/dL sugar 119mg/dl。

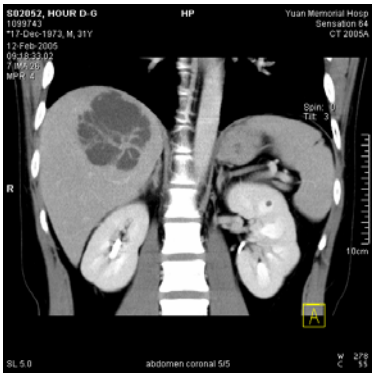
腹部超音波及電腦斷層顯示在右肝後上分葉，有一 6.5 cm 低密度之病灶，病灶內部形成很多分隔。診斷為肝膿瘍。病人接受超音波導引下肝臟抽吸，抽出血黃色之膿液，之後行膿瘍引流術，引流出 100 cc 膿液。病人的血液及膿液培養皆長出克雷白桿菌(Klebsiella pneumoniae)。引流管於第 7 天拔除，病情改善後出院。

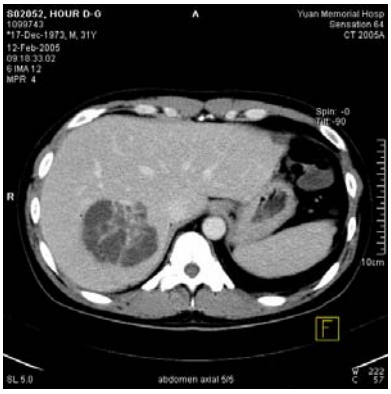
討論:

目前臨床上看到的肝膿瘍病例絕大多數是由細菌引起尤其是克雷白桿菌(Klebsiella pneumoniae)。阿米巴原蟲及其他原因較少見。

本院 3 年來有 92 位病人其中 42 位有糖尿病佔了 45%。其他因子有膽道結石、外傷、惡性腫瘤、血液異常及腎臟機能異常者。其中 40 歲以下有九位佔 10%。治療多以抗生素或合併插管引流。有五例治療無效(mortality) 治療成功率為 95%。本例無糖尿病且為年輕人較為少見。







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Pyogenic liver abscess--a tropical centre's experience in management with review of current literature.

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AIM OF STUDY: To perform a retrospective study, with the help of literature review, of the management of patients with pyogenic liver abscess in a general hospital. METHOD: A retrospective study of 73 consecutive patients treated atTanTock Seng Hospital between January 1994 and December 1997 was conducted to determine the demographic, clinical, laboratory, radiological and microbiological characteristics of these patients, as well as the management strategies employed. RESULTS: Liver abscess was more common in males, occurring more frequently in the right hepatic lobe. Most patients presented with non-specific clinical and biochemical features. A raised alkaline phosphatase level was the most common biochemical abnormality found in about two-thirds of patients. Ultrasonography was not as sensitive as computed tomographic scans in detecting abscesses. Klebsiella pneumoniae was the most common etiological agent detected in cultures of blood and abscess aspirates. All patients were treated with intravenous antibiotics. Twenty-two (30%) needed percutaneous catheter drainage and five (7%) required surgical management.There was no hospital mortality in our series. Prolonged hospitalisation was associated with advanced age, degree of loculation within the abscess, concomitant diabetes mellitus and Klebsiella septicaemia. CONCLUSION: Pyogenic liver abscesses require a high index of suspicion for early diagnosis. When appropriate therapy in the form of antibiotics in combination with percutaenous drainage or surgery is administered, mortality is very low. However, significant morbidity is still a problem, particularly in the elderly, diabetic patient.

2. Am J Gastroenterol. 2005 Feb;100(2):322-31.

Pyogenic liver abscess with a focus on Klebsiella pneumoniae as a primary pathogen: an emerging disease with unique clinical characteristics.

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OBJECTIVES: Pyogenic liver abscess is a common intraabdominal infection. Historically, Escherichia coli (E. coli) has been the predominant causative agent. Klebsiella liver abscess (KLA) was first reported in Taiwan and has surpassed E. coli as the number one isolate from patients with hepatic abscesses in that country and reports from other countries, including the United States, have increased. We examined the microbiologic trends of pyogenic liver abscess at our institution to determine if a similar shift in etiologic agents was occurring. METHODS: We examined all cases of liver abscess at our institution from 1999 to 2003 via a retrospective chart review of inpatient records and reviewed the English literature via a MEDLINE search for all U.S. cases of KLA. RESULTS: Since 1966, only 12 cases of KLA have been reported in the United States. We report six cases of KLA at our institution alone; 2 patients were not Asian, and 4 were not diabetic. Klebsiella pneumoniae (K. pneumoniae) was the most common cause of pyogenic hepatic abscess at our institution over the last 5-yr period. When comparing Klebsiella versus other causes of pyogenic liver abscess, there were no significant differences in demographics or laboratory findings; however, most of our Klebsiella cases occurred among Filipinos. Review of the 18 cases of K. pneumoniae liver abscess in the United States showed that Klebsiella cases occurred predominantly among middle-aged men; 83% had concurrent bacteremia and 28% had metastatic complications. An increasing number of cases were reported from the United States since the mid-1990s. CONCLUSIONS: These data suggest that KLA may represent an emerging disease in Western countries, such as the United States. The diagnosis of K. pneumoniae should be considered in all cases of liver abscess, and appropriate antibiotic therapy and a diagnostic work-up for metastatic complications should be employed.

闌尾腸套疊 － 病例報告

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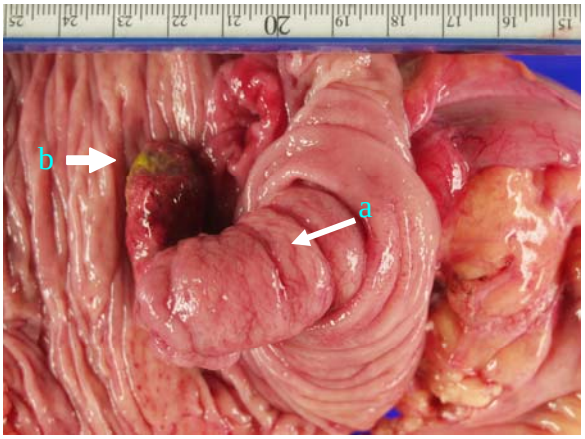
一位 44 歲男性患者因間歇性右下腹疼痛來院求診。回朔其病史，病人有反覆發作的右下腹疼痛，有時好有時壞，合併有裡急後重的感覺，這種情況持續了 3~4 週之久。病人也抱怨大便一天解 3~4 次，但沒有體重減輕或血便的情況。病人找過一般診所，服用一些藥物，但症狀並無改善。因此病人到本院求診，除一般血液檢查外，6 月 27 日安排腹部超音波檢查，除脂肪肝外並無其他發現。7 月 4 日大腸內視鏡檢查，發現有一瘜肉狀的腫瘤在盲腸端。

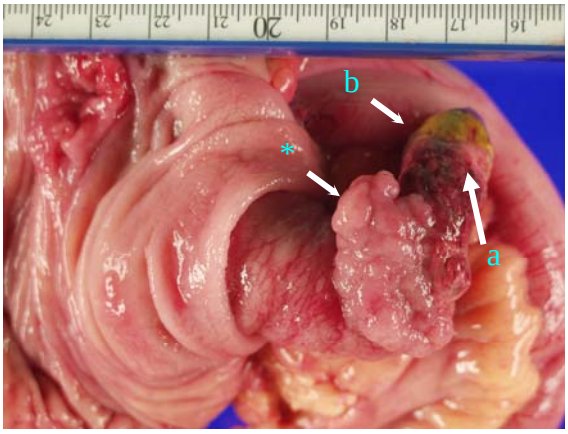
入院時，理學檢查生命徵象穩定，腹部檢查右下腹微痛，沒有摸到任何腫塊，結膜無黃疸、無心雜音、呼吸音清楚，實驗數據：GOT：21　GPT：31　Total bilirubin：0.75 Direct bilirubin：0.12　WBC：7200　Hb：15.9　CEA：0.4 。胸部 X 光無任異常。

7 月 8 日開刀行右側大腸切除，術後標本檢查，在盲腸端的盲腸開口處有手指狀突出物，突出物上部有表淺的潰瘍，在突出物底部的黏膜有蕈狀的腫塊，所以診斷為闌尾腸套疊併盲腸瘜肉。

圖一 ： 盲腸標本切開後內部可見闌尾開口處有手指狀突出物(a)，上部有表淺的潰瘍(b)。



圖二 ： 從另一邊可看到闌尾底部旁的黏膜有蕈狀的腫塊(*)



討論：

闌尾腸套疊為一種罕見的狀況，並有非常低的發生率，第一次文獻報告是在 1858 年 1。Collins 發表 40 年內收集的 71000 個闌尾標本報告：闌尾腸套疊發生率僅有 0.1%2。 有好幾種因素及狀況可能是闌尾腸套疊的致病原因，這些致病原因可大慨分為解剖因素及病理因素。解剖因素方面可能原因包括有過度靈活的闌尾，較狹窄較薄的闌尾腸繫膜(mesoappendix)，固定不良的高位盲腸，腸過度蠕動等等因素。病理因素方面的可能原因包括闌尾中異物，闌尾發炎(包括 endometriosis)，腫瘤 3 等等。文獻報告中的個案，闌尾有的是正常的闌尾 4，有的合併有 tubulovillous adenoma with carcinoma in situ 5，mucocele 6 等等。在這個案裡，闌尾底部黏膜處的蕈狀腫塊可能是造成套疊的原因。

術前診斷闌尾腸套疊是相當困難的，鋇劑顯影可能會在盲腸腔內發現類手指狀突出物，大腸內視鏡檢查和電腦斷層也是相當好的診斷工具。雖然手術切除是根治性療法但在簡單的闌尾腸套疊個案中，使用鋇劑灌腸(barium enema)來作復位(reduction)是值得嘗試的。除了在一些合併惡性腫瘤的個案當中，大部分的文獻報告都顯示闌尾腸套疊的手術預後都是良好的。

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Intussusception of the appendix: a report of three cases with different clinical and pathologic features

Sakaguchi N, Ito M, Sano K, Baba T, Koyama M, Hotchi M.

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Three cases of intussusception of the appendix (IA) with distinctive pathologic changes were reported. All patients were women with different clinical presentations. Grossly, a complete intussusception was found in one case (case 1), while the others (cases 2 and 3) showed a partial intussusception. In case 1, almost the total segment of the appendix bearing the villous adenoma with focal malignant transformation became completely telescoped into the cecum. In case 2, no underlying appendiceal lesion was disclosed. In case 3, appendiceal endometriosis was found as the point of traction. Awareness of such a rare complication associated with various appendiceal lesions provides a clue for making an accurate diagnosis and selecting appropriate surgical management.

2. Arch Pathol Lab Med. 1992 Sep;116(9):960-4.

Intussusception of the appendix. A report of four cases and review of the literature.

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The clinical and pathologic features of four cases of intussusception of the appendix are reported and the literature is reviewed. All patients had vague abdominal symptoms. The diagnosis of intussusception of the appendix was not made preoperatively in any of these cases. All four patients were females who ranged from 37 to 70 years of age (mean age, 46 years). Examination of the surgical specimens showed tow appendixes that had completely inverted, one with a polyp attached at the base of the appendix forming the intussusceptum and the other with inversion of the appendiceal tip. Three cases were associated with endometriosis and one with a tubulovillous adenoma. Radiologically and endoscopically, the intussuscepted appendix may mimic a neoplastic lesion. Since intussusception may be caused by both benign and malignant conditions, appropriate management will depend on the associated cause.