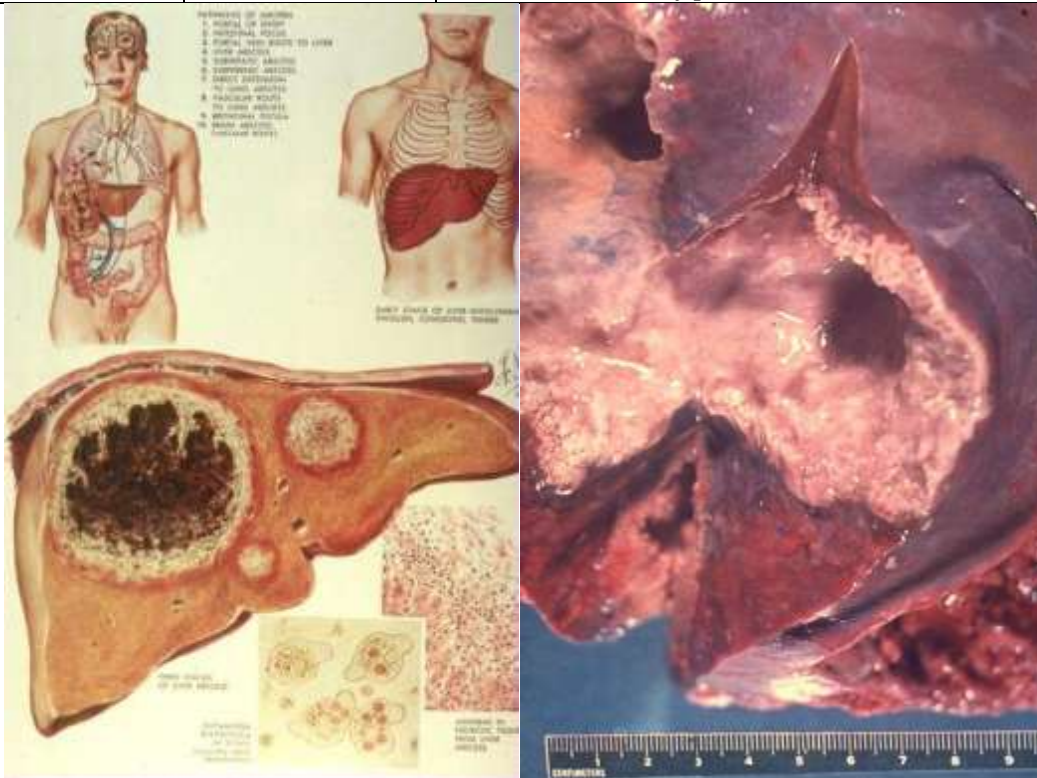


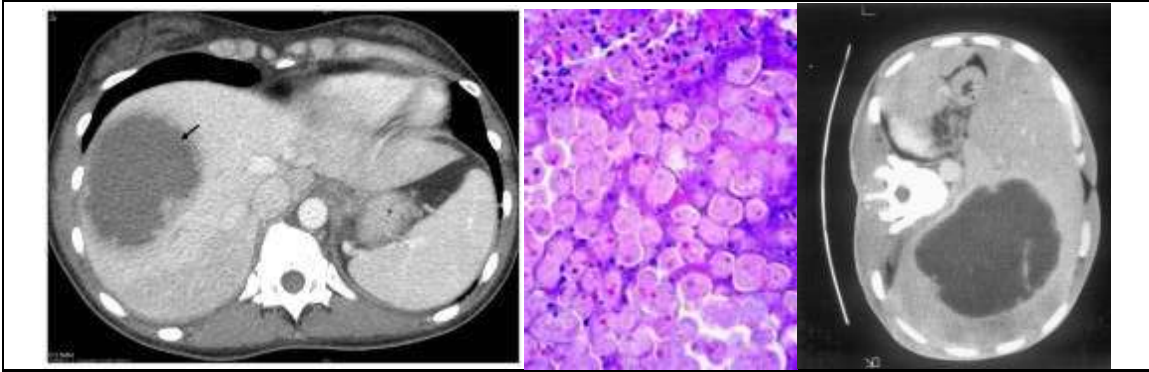
## Amoebic Abscess (tropical abscess) III- 6. 441

<b>Liver:</b>	<ul style="list-style-type: none"> <li>• <i>Is enlarged</i></li> <li>• <i>Shows an abscess-cavity</i></li> </ul>
	<p><b>The abscess:</b></p> <ul style="list-style-type: none"> <li>• <i>Lies in the upper part of right lobe of liver on the diaphragmatic aspect</i></li> <li>• <i>Solitary (single)</i></li> <li>• <i>Large (5 cm.)</i></li> <li>• <i>Chronic in appearance</i></li> <li>• <i>Thickened walls</i></li> <li>• <i>Necrotic shaggy lining</i></li> <li>• <i>Filled with brown-red necrotic material</i></li> <li>• <i>No evidence of pus</i></li> </ul>



### N.B.:

- At first, the contents are mucoid and grey → brownish by blood.
- If pus occurs in an amoebic abscess, it is due to a super-imposed secondary pyogenic infection → fever, painful tender liver and colitis.
- Infection by *Entamoeba histolytica* reaches the liver from the intestine by the portal vein (in about 5% of cases of amoebic colitis).
- The amoebic cytolytic enzymes destroy the liver tissue producing a localized large necrotic area filled with brownish-yellow or chocolate-coloured material.
- The abscess is usually single but it may, occasionally, become more than one.
- It attains a large size and may become walled off by connective tissue → dense fibrous tissue.
- The common site is the upper posterior part of the right lobe of the liver.



**Amoebic Abscess**

<b>Liver:</b>	Shows an abscess-cavity	
	<b>The abscess:</b>	Is in the upper part of the left lobe of the liver Solitary (single) Large (8 9 cm.) Appears chronic in nature
	<b>Walls:</b>	Fibrous Thick Rupturing at one area
	<b>Contents:</b>	Pultaceous creamy yellow material With liquefactive necrosis (due to enzymatic action)

**N.B.:**

- The amoebic abscess appears here in the left lobe of the liver, in a rare site, and although it is deeply-seated, but it has reached the liver-surface, has penetrated the diaphragm and has ruptured into the pericardial sac.

