



## FORMATION OF LIVER ABSCESES, CAUSES OF DISEASE

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### Abstract

Abscesses of the liver in subsequent years became somewhat rare as a result of the active use in medicine of antibiotics with a wide range of effects. Today, the factors contributing to this disease are: intensive chemotherapy, complications of diabetes mellitus, organ transplantation and decreased immunity due to AIDS. This article will give you the skills and knowledge of liver abscesses formation, treatment measures.

**Keywords:** Antibiotics, abscesses, bacterial flora, gallstones.

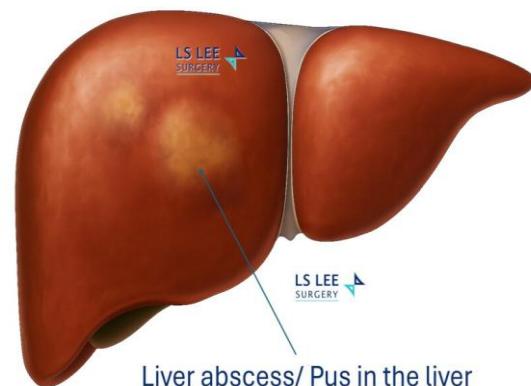
### Introduction

Hepatic abscesses occur when exposed to ascending biliary infection, hematogenous spread of infection throughout the portal venous system, or spread through the hepatic artery in sepsis, direct spread of infection in inflammatory diseases of abdominal organs, as well as damage to the liver. In most cases, hepatic abscesses develop as a complication of purulent cholangitis, which is the most severe in gallstone disease or the rupture of carcinoma of the biliary tract outside the liver.

Other causes are: destructive appendicitis, large intestinal diverticulitis, colitis with nonspecific ulcers, sepsis or pilephlebitis with a complication of amoeba dysentery.

Liver abscesses can be done alone, but in most cases, numerous abscesses occur. Solitary abscesses are often placed in the right lobe. As a result of bacteriological examination in abstracts, they find the bacterial flora in about 50% of cases. In sepsis, in most cases, tongue-angular staphylococcus, hemolytic streptococcus are detected. In biliary abscesses, most determine Escherichia coli or mixed flora. In recent years, great importance has been given to the anaerobic flora. It will be possible to find it only when planting bacteria in a special environment.

Liver abscess is always considered a secondary disease, and on the ground of the main clinical signs of the disease: a hectic nature of body temperature, tingling, tremors, excessive sweating, nausea, loss of appetite. Pain, on the other hand, is considered a late symptom in this disease and occurs in most



Liver abscess/ Pus in the liver



major solitary abscesses. In this case, the liver is often enlarged, pain appears in the liver when palpating, and sometimes there is yellowing of the skin coatings and the whiteness of the eyes (sclera). In the blood analysis - high leukocytosis, leukocytic formula deviation to the left, characteristic signs of anemia are observed. In the blood-sucking in about 30% of cases, pathogenic bacteria are found. In most cases, the primary causative condition will be a septic condition.

X-rays of the abdominal organs reveal an unusual uplift of the right dome of the diaphragm and limitation of mobility. In the pleural sinus, fluid can be collected in a reactive way. If the gas-forming flora causes abscess, the liquid level can be detected in the image of the shadow of the liver, and sometimes a deformation of the borders of the liver is detected.

Let's talk about general data. Symptoms:

- Pain (often acute) in the right abdomen.
- High fever and chills.
- Loss of appetite.
- Jaundice (yellowing of the eyes and skin).
- Nausea, vomiting.
- Holiness.

Tashxis (Diagnostika):

- Blood analysis: Signs of inflammation (leukocytosis, high CRP).
- Imaging examinations: Ultrasound (ultrasound), CT (computed tomography), MRI (magnetic resonance imaging).
- Abscess function: Aspiration and analysis of pus (to determine the cause).

Treatment:

- Antibiotics: Depending on the cause (bacterial).
- Drainage: Removal of pus from the abscess (under the guidance of an ultrasound or CT). This is one of the most important steps.
- Parajita Dorilla: In the previous defeat, Sub Bolsa.
- Surgery: For abscesses that are large, complex or cannot be drained

The diagnosis is carried out by ultrasound examination of the liver, computed computing and X-ray tomography, and if necessary, angiography, scanning of the liver with radioisotope technology.

Treatment with antibiotics is carried out in a manner that is consistent with the sensitivity of microflora. To induce a greater concentration of the antibiotic in the liver, a treatment is carried out into the hepatic artery, or the obliterated umbilical vein, through a catheter inserted after it is separated and restored using a stool.

Large or several large abscesses alone are treated in the method of operation, the abscess is opened and the cavity is drained. At numerous abscesses, the discharge of the cavity through the skin under the guidance of X-ray, computed tomography or ultrasound scan is one of the less invasive and effective methods of treatment. Complications of hepatic abscess include sepsis, subdiaphragmatic abscess, rupture of the abscess into the abdomen or pleural cavity, pleural empiema, purulent pericarditis, peritonitis. The prognosis is always serious. With timely drainage in solo large abscesses, up to 90% of patients recover. In a large number of abscesses and undrained single abscesses, treatment is observed to end in death in most cases.



## Conclusion

Liver abscess is a serious condition, but it is possible to recover if diagnosed in time and treated properly. If the above symptoms are noticed, it is necessary to immediately consult a doctor. The combined analysis of clinical signs, laboratory and instrumental test results increases the diagnostic accuracy up to 95%. Through the article, you can well recognize the first signs of liver abscess and distinguish it from other liver diseases.

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