

中文題目：一例胃癌個案膿腫分枝桿菌肝膿瘍感染以類似肝轉移表現

英文題目：*Mycobacterium abscessus* liver abscess mimicking liver metastasis in a female patient with gastric adenocarcinoma

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Introduction : In patients with a known solid organ tumor, metastasis is usually the most probable diagnosis when encountering a hepatic mass. Dynamic imaging usually provides pivotal differential diagnosis, but tissue proof of hepatic lesion is crucial when the images are inconclusive. Here, we presented a case of a female patient with gastric cancer with multiple hepatic masses, mimicking liver metastasis initially finally confirmed of *Mycobacterium abscessus* liver abscess via blood culture and pathology finding, which proves to be challenging in clinical decision-making.

Case presentation: A 86-year-old female presented to the emergency department with fever, abdominal cramps, nausea, vomiting and watery diarrhea. Cholestatic hepatitis was observed by blood test. The endoscopic ultrasound did reveal choledocholithiasis, gallstones and sludge, but also advanced gastric cancer which confirmed via gastric biopsy pathology. Despite resolving biliary tract infection, the patient still had persisting hectic fever. The blood culture report revealed *Mycobacterium abscessus* infection. A serial abdominal imaging, including CT with contrast and MRI which were conducted for tumor staging demonstrated 4 hepatic lesions, mimicking metastatic cancer or primary hepatic tumors. The biopsy report later suggested hepatic granulomas which might correlate with *Mycobacterium abscessus* bacteremia. The patient received subtotal gastrectomy and oral clarithromycin was administered concurrently. The follow-up abdominal imaging demonstrated regression of hepatic lesions and no recurrence of gastric cancer.

Discussion : *Mycobacterium abscessus complex* belongs to one of rapidly-growing nontuberculous mycobacterium species, mostly involving lung and cutaneous soft tissue. The presentation of bacteremia with predominant hepatic infection was rare. The imaging findings of the liver are not characteristic enough for diagnosis, compared to those of the lung. The hepatic lesions in gastric cancer setting makes the diagnosis challenging. Because of the imaging limitation, we couldn't differentiate infection from tumor initially. The confirmation of diagnosis by liver biopsy is crucial. Since the initial imaging report favored tumor over infection at first, the patient might be treated with chemotherapy and thus have poor outcome because of worsening mycobacterium infection. The regression of hepatic lesion after antibiotic treatment strengthened the diagnosis. The patients with intra-abdominal malignancy were susceptible to opportunistic infections, such as mycobacterium infection.

Conclusion: Nontuberculous mycobacterium has a chance to cause systemic infection and could be presented as liver granulomatous lesion. Although rare, the clinicians should be extra-cautious

before making the presumption that all hepatic lesions were related to metastasis and tissue prove is important to provide proper therapy.