

中文題目：親水性產氣單胞菌感染引發之肝膿瘍

英文題目：*Aeromonas hydrophila*, a rarely pathogen in liver abscess

作者：徐永翰¹、陳柏齡¹、蔡進相²

服務單位：¹成大醫院內科部 ²成大醫院斗六分院內科部

Introduction:

Aeromonas hydrophila (*A. hydrophila*) are found commonly over aquatic environments, including wastewater, food surface or animals. In people with suppressed immune systems or liver disease, *A. hydrophila* can cause meningitis, endocarditis, peritonitis, or fulminant necrotizing fasciitis. However, liver abscess caused by *A. hydrophila* is rarely seen.

Case presentation:

We presented a 78-year-old man with history of anemia and idiopathic thrombocytopenia under prednisolone treatment. He had intermittent low-grade fever without accompanying symptoms for half a year. There was no obvious infection focus after visiting clinic and emergency room for times. There was no travel, occupation, or cluster history except contact history with pigeon. He was admitted to our hospital for prolonged fever.

Abdominal computed tomography with enhancement was performed. A hepatic mass over S7-S8 and splenomegaly were found. Percutaneous drainage was then performed, and the abscess culture yielded *Aeromonas hydrophila*. Ceftriaxone was administered, which proved effective based on the result of the antibiotics susceptibility testing. His symptoms improved after medication. The patient was discharged after nine days of hospitalization. He kept oral cefixime for long-term suppression of liver abscess.

Discussion:

In humans, it is an opportunistic pathogen causes gastroenteritis, septicemia, and fulminant necrotizing fasciitis but rarely leads to liver abscess. It can infect both immunocompromised and immunocompetent patients. The estimated prevalence of *Aeromonas* infections was 1-10 cases per million people in Western country but much higher in Taiwan, reported as 76 cases per million people. Antibiotics choices include fluoroquinolones, co-trimoxazole, aminoglycosides, and cephalosporins.

Conclusion:

Liver abscess caused by *A. hydrophila* can sometimes occur. Primary care physicians should take *Aeromonas* into consideration, when confronted with patients with prolonged fever and liver abscess is suspected.