

中文題目：胸壁膿瘍及竇管，導因於一個被遺忘的熱帶感染疾病—阿米巴肝膿瘍

英文題目：Chest wall abscess and fistula caused by an forgotten tropical parasitic infection-amebic liver abscess

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Introduction:

Cutaneous abscess commonly is caused by some bacterial infection. The most common pathogen is *Staphylococcus aureus*. Unusual causes of skin abscess include tuberculosis, blastomycosis, nocardiosis, and cryptococcosis, echinococcosis. We present a case with right chest wall abscess and fistula caused by ruptured amebic liver abscess.

Presentation of case:

A 21-year-old male Indonesian offshore fishery fisherman suffered from right-lateral chest pain with a progression-in-size chest mass for 4 months. He also had decreased appetite and body weight loss 24 kilograms in these 4 months. He presented to the emergency department with the right-lateral chest mass ruptured with purulent discharge. Computed tomography of the abdomen revealed a cystic air-contain lesion in right liver with ruptured into right subphrenic perihepatic region and fistula tract to the skin. An indirect hemagglutination test for anti-amebic antibodies was positive, at a titer of 1:4096. A polymerase-chain-reaction assay of pus confirmed infection due to *Entamoeba histolytica*. Metronidazole was administered for 9 days and followed by 10 days of paromomycin to eliminate intracolonic cysts. The chest abscess was subsided in 10 days then after.

Conclusion:

Owing to improving of sanitation system and hygiene, the prevalence of *Entamoeba histolytica* infection in Taiwan is much lower in recent decades. Currently, the main group of amebiasis in Taiwan is foreign worker who come from tropical country. Recently, the prevalent of *Entamoeba histolytica* infection in Taiwan is increasing among men who have sex with men (MSM), and extraintestinal amebiasis is more frequent among HIV-positive patients.

Classic manifestations of amebic colitis are diarrhea, dysentery and right lower quadrant pain; amebic liver abscess are fever and right upper quadrant pain. Cutaneous abscess due to fistula caused by ruptured amebic liver abscess is extremely rare.

Clinician should keep *Entamoeba histolytica* infection in mind when patient present with diarrhea, dysentery, fever and he or she is a tropical returned traveler, foreign worker, MSM or HIV-positive patient, even chest wall abscess is the clinical presentation.