

## □ PICTURES IN CLINICAL MEDICINE □

## **Novel Appearance of Liver and Lung Abscesses**

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Picture 1.



Picture 2.

A 74-year-old woman diagnosed with rheumatic arthritis at 67 years of age and receiving methotrexate 6 mg per week complained of a dry cough and a slight fever (up to 37.6°C). She had never consumed alcohol. Contrasted-enhanced computed tomography indicated a solitary abscess in her right S10 segment and in the right posterior lateral segment of the liver (Picture 1). Serum anti-amebic antibody was not identified. Although causative organisms were not detected in the sputum or blood culture, broad-spectrum antibiotic therapy markedly alleviated her symptoms and signs without requiring drainage of the lung or liver abscess. Within four days, the fever resolved. At four months, computed tomography demonstrated the disappearance of the

lung abscess and a marked decrease in the size of the liver abscess from  $50\times39$  mm to  $21\times18$  mm (Picture 2). The development of lung and liver abscesses adjacent to the diaphragm typically occurs during amebiasis (1), however, this case demonstrates the potential development of lung and liver abscesses due to bacterial infection.

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## Reference

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