

Imaging techniques

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On ultrasonography, an abscess cavity in the liver is seen as a hypoechoic or anechoic lesion with ill-defined borders; internal echoes suggest necrotic material or debris (Figure 6.1). The investigation is very accurate and is used for aspiration, both diagnostic and therapeutic. When there is doubt about the diagnosis, a computed tomography (CT) scan may be helpful (Figure 6.2). Diagnostic aspiration is of limited value except for establishing the typical colour of the aspirate, which is sterile and odourless unless it is secondarily infected. A CT scan may show a raised right hemidiaphragm, a pleural effusion and evidence of pneumonitis (Figure 6.3). An 'apple-core' deformity on barium enema would arouse suspicion of a carcinoma. A colonoscopy with biopsy is mandatory because the radiological and macroscopic appearance may be indistinguishable from a carcinoma. In doubtful cases, vigorous medical treatment is given and the patient undergoes colonoscopy again in 3–4 weeks, as these masses are known to regress completely on a full course of drug therapy. If symptoms persist even partially following full medical treatment in a patient who has recently returned from an endemic area, a colonic carcinoma must be excluded forthwith. This is because a dormant colonic carcinoma may become apparent as a result of infestation with amoebic dysentery causing 'traveller's diarrhoea'. However, it must be borne in mind that an amoeboma and a carcinoma can coexist. Summary box 6.2 Diagnostic pointers for infection with *Entamoeba histolytica* /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Figure 6.1 Ultrasound of the liver showing a large amoebic liver abscess with necrotic tissue in the right lobe. Bloody mucoid diarrhoea in a patient from an endemic area or following a recent visit to such a country Upper abdominal pain, fever, cough, malaise In chronic cases, a mass in the right iliac fossa may be an amoeboma but caecal cancer must be excluded by colonoscopy and biopsy Sigmoidoscopy shows typical ulcers – biopsy and scrapes may be diagnostic Serological tests are highly sensitive and specific outside endemic areas Ultrasonography and CT scans are the imaging methods of choice

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