

# Recurrent or refractory abscesses

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Recurrent abscesses usually occur when the initial lesion was large, abscesses were multiple or there is continued communication with the biliary tract. It can be difficult to confirm whether a liver abscess is recurrent or new, but it is important as treatment differs. Recurrent lesions which were aspirated and treated with antibiotics can be re-aspirated, but a drain is often required. Refractory lesions should have microbiology repeated and a drain inserted, and recurrences are rare if left until resolution is complete. If unsuccessful occasionally surgery is required, and laparoscopy which allows a full examination of the peritoneal cavity (especially valuable when the source has not been identified) has replaced laparotomy.

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