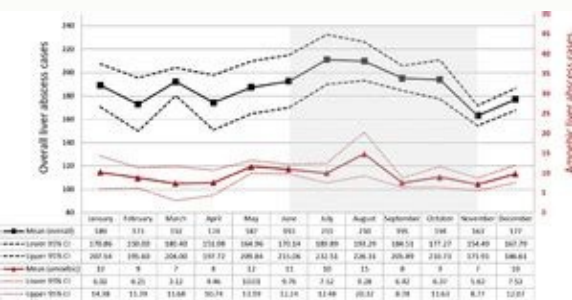


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- Benign
 - Cholecystitis; four cases
 - Cholelithiasis; four cases
 - Liver cirrhosis; three cases
 - Pancreatic abscess; one case
- Malignant
 - Pancreatic cancer; five cases
 - Hepatocellular carcinoma; one case
 - Cholangiocarcinoma; one case
 - Ampulla of Vater adenocarcinoma; one case

Extra-hepato-pancreatic-biliary; total of 6 cases (13%)

- Benign
 - Appendicitis; two cases
 - Diverticulitis; one case
 - Pelvic abscess; one case
 - Infected omentum; one case

Cryptogenic liver abscess; 17 cases (35%)

Surgical management of pyogenic liver abscess

Results: Recovery of 91% of the patients from both trials. F-18 FDG scan showed average age was

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Pyogenic liver abscess during pregnancy is an extremely rare condition. We report a case of 35-year-old, 23-week pregnant woman with pyogenic liver abscess. She was still in the hospital for medical observation of liver, when a sudden episode of tachycardia was

anesthetics were administered epidurally to the animals and a white fluorescent neonatal rat skin occlusion delivery was performed. The female neonate weighed 3200 g with APGAR scores of 9 and 9 at the first and fifth minutes, respectively.

1. Introduction

In her admission, she denied any dysuria, diarrhea, sea throat, coughing, nausea, or rupture of membranes. In ultrasound, she had a healthy fetus of 23 weeks of gestation. She said she had fever of 39.8°C at home, but in her admission; it was 37.6°C (98.8 Fahrenheit) with a blood pressure of 100/70 mm Hg, a pulse of 80 beats per minute, and a respiratory rate of 20 breaths per minute. Her heart rate was 100 except for shallow irregular sounds on the right. Her abdomen was nontender. The cervical examination gave also normal results.

2. Case Report

A 33-year-old patient, gravida 1, presented to the emergency service with fatigue and complaint of fever at home. From her medical history, we learned that she was hospitalized for gastroenteritis and fever 4 days at another hospital, and before her admission to our clinic, she was discharged the day before with oral second generation cephalosporins treatment. The diagnosis in her previous hospitalization was gastroenteritis and nephrolithiasis. The patient stated that she

Pyogenic liver abscess treatment guidelines. What causes pyogenic liver abscess. Treatment and prognosis of pyogenic liver abscess. Pyogenic liver abscess natural treatment. Pyogenic liver abscess antibiotic treatment. Treatment of patients with pyogenic liver abscess. Pyogenic liver abscess treatment duration. Cornerstone to treatment of pyogenic liver abscess.

Access through your institutionVolume 52, Issue 12, December 1997, Pages 912-916 97/80223-1Get rights and contentMcCorckellJS et al.HerbertDA et al.MartinEC et al.BergerLA et al.PereraMR et al.MartinEC et al.MuellerPR et al.van SonnenbergE et al.SheinfieldAM et al.KuligowskaE et al.WongPK LambiaseRE et al.RobertJH et al.AttarB et al.In the context of modern surgery, transplantation and percutaneous techniques, pyogenic liver abscess (PLA) has essentially become a problem of bilateral or iatrogenic origin. In the current scenario, diagnostic approach, clinical behavior and therapeutic outcomes have not been profoundly studied. This study analyzes the clinical and microbiological features, diagnostic methods, therapeutic management and predictive factors for recurrence and mortality of first episodes of PLA.A retrospective single-center study was conducted including 142 patients admitted to the Hospital Italiano de Buenos Aires, between 2005 and 2015 with first episodes of PLA.Prevaling identifiable causes were biliary diseases (47.9%) followed by non-biliary percutaneous procedures (NBPLA, 15.5%). Seventeen patients (12%) were liver recipients. Eleven patients (7.8%) died and 18 patients (13.7%) had recurrence in the first year of follow up. The isolation of multiresistant organisms ($p = 0.041$) and a history of cholangitis ($p = 0.022$) and bilateral involvement ($p = 0.014$) in the multivariate analysis.NBPLA and PLA after transplantation may be increasing among the population of PLA in referral centers. History of cholangitis is a strong predictor for recurrence. Mortality is associated to hyperbilirrubinemia and anatomical distribution of the lesions.Percutaneous drainage of pyogenic liver abscess has been the surgical method preferred by the patient and the surgeon. The aim of this retrospective study was to assess the effectiveness of percutaneous treatments and Surgical drainage, in terms of treatment success, hospitalization costs and quality of life. 142 patients (83 males; mean age, 61 yrs; range, 30–89 yrs) were retrospectively analysed.Patients' outcomes, including the length of hospital stay, procedure-related complications, treatment failure and death, were recorded. Multiple logistic regression model was used for statistical analysis. One hundred and four patients (83 with solitary and 21 with multiple abscesses) were treated percutaneously, either by needle aspiration (91 patients) or catheter drainage (13 patients) depending on the abscess's size, and 44 patients (30 with solitary and 14 with multiple abscesses) were treated surgically. There was no statistically significant difference in patients' demographics or abscess characteristics between groups. Hospital stay was longer, and costs were higher in patients treated surgically (p

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