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## **Treatment of Hepatic Abscess**

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**Background:** The aim of this study is to determine the optimal treatment algorithm for the pyogenic liver abscesses.

**Patients and methods:** Between the period of 1995 and 2004, 107 patients were treated for pyogenic liver abscesses and retrospectively reviewed. The patients were divided into 4 groups. Patients treated with antibiotics alone - group A (n = 8). Patients treated with imaging guided drainage - group B (n = 72). Group B was sub-divided into group B1 (solitary abscesses (n = 48)), and group B2 (complex abscesses (n = 24)). Patients undergoing hepatic resection - group C (n=27).

**Results:** Groups B1, B2 and C were demographically similar for age (p = .7957), gender (p = .8780), cancer (p = .8635), and diabetes (p = .9151). All (8/8) group A patients were successfully treated antibiotics alone. Most (40/48) of the group B1 patients were successfully treated with drainage. Recurrence rate was 17%. All (8/8) recurrences were treated successfully with a second drainage. Three patients died later from sepsis. 33% (8/24) of group B2 patients were successfully treated with drainage. Recurrence rate was 66%. Half of these recurrences (8/16) were treated successfully with a second drainage. Second recurrence rate was 33%. 3 patients died later from sepsis. Finally, 27/27 of group C patients were successfully treated with liver resection. 2 patients died in the postoperative period. Recurrence rate was 0%.

**Conclusions:** The recommended treatment algorithm for hepatic abscess is as follows:

1. Small < 3cm. simple abscess  
Antibiotics
2. > 3cm. unilocular abscess  
Image guided drainage
3. > 3 cm. multilocular/complex abscess  
Surgical drainage/resection

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