SURGICAL TREATMENT OF AN AMOEBIC LIVER ABSCESS

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Introduction. Amebiasis is a parasitic infectious disease caused by the protozoan Entamoeba histolytica and is predominantly seen in underdeveloped countries. The incidence of infections is high in India, Africa, Mexico, and several regions of Central and South America. Amebic liver abscess is the most frequently occurring extraintestinal manifestation of amebiasis. Due to the polymorphism of this pathology, its low prevalence in the Republic of Belarus, and, in turn, the difficulty of diagnosis, the treatment of extraintestinal amebiasis is an important issue in surgery [1, 2].

Aim of the study. To improve the results of diagnosis and treatment of patients with amoebic liver abscess.

Materials and methods. At the Grodno University Clinic (GUC), between 2021-2022 extraintestinal amebiasis was diagnosed in 4 patients. This article describes our experience with the surgical management of a patient with an amebic liver abscess. Patient G., 47 years old, resident of Grodno, presented with complaints of fever and generalized weakness. The patient was subsequently admitted to the intensive care department of the Grodno University Clinic where a comprehensive range of laboratory and instrumental diagnostic tests were performed. Biochemical blood analysis revealed elevated levels of total blood bilirubin (35.8 μmol/l), direct bilirubin (15.8 μmol/l), and alkaline phosphatase (169 U/l). An MRI of the abominal cavity confirmed the presence of a multichamber mass in the right lobe of the liver (most likely amoebic in nature). Microcopic examination of sputum and stool samples demonstrated Entamoeba cysts. Treatment was initiated with metronidazole, but an inadequate response necessitated further intervention. The patient underwent drainage of the abscess of the right lobe of the liver under laparoscopic control according to the technique developed in the clinic. A puncture-drainage system consisting of a Foley catheter and a guide stylet was used. About 100 ml of pus was evacuated. The abscess cavity was repeatedly washed until the returns were clear and flushed with a metronidazole solution.

Results and discussion. The postoperative period showed positive results, with the patient's overall condition improving. The patient's fever had resolved and an abdominal MRI done on the 30th day after drainage showed a completely absent abscess cavity. Due to the patient's satisfactory condition, he was discharged for outpatient treatmen.

Conclusion. This clinical observation indicates the need for combined treatment of amebic liver abscesses using external drainage and conservative therapy with broad spectrum antibiotics such as metronidazole.

ЛИТЕРАТУРА

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RARE CASE OF CIRCUMAORTIC LEFT RENAL VEIN WITH FENESTRATION AND NUTCRACKER SYNDROME

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Introduction. Anatomically, the renal veins connect the kidney to the inferior vena cava (IVC). They are usually singular to each kidney and are usually located to the aorta anteriorly. However, due to its embryological development, the anatomy of the renal veins can be variable [1, 2]. Various positioning of renal vein has been reported and circumaortic left renal vein is one of them. Circumaortic left renal vein **is** an anomaly of left renal vein when an accessory left renal vein passes posterior to the aorta, along with normal renal vein passing anterior to the aorta. Prevelance of main anatomical variants of renal vessels vary in different scientific literatures. According to the previous studies, the prevalnce of circumaortic left renal vein has been reported to be between the range of 1% to over 15%. Hence, occurrence of circumaortic renal vein can be assumed to be a rare venous abnormality. Mostly, it remains clinically silent until it gets discovered accidentally during an operation or imaging.In most cases of circumaortic left renal vein, compression of the the pre-aortic left renal vein between the superior mesenteric artery and the aorta occur, which is termed as the nutcracker phenomenon [3, 4]. In addition, left renal vein fenestrations are seen rarely since vascular fenestrations are mostly seen in the arterial system and cerebral vessels.In this article, we present to you, a case of circumaortic left renal vein with inferior renal vein fenestration, along with anterior nutcracker syndrome which lead to macroscopic hematuria as a complication of the anomaly.

Aim of the study. The article aims to highlight on a rare case of an anomaly of renal veins called circumaortic left renal vein and importance of being familiar with such congenital anomalies.

Materials and methods. On 26th of February, a 31 year old female presented herself for a consultation to the Department of Nephrology with complaints of