

Liver abscess caused by *Streptococcus intermedius* after a dental procedure: A Case Report

인천사랑병원 내과¹

송인홍¹, 정호연¹, 이규훈¹, 이형석¹, 장성욱¹, 이요셉¹, 이랑¹

Introduction: *Streptococcus intermedius* is a Gram-positive cocci that is a member of *S. anginosus* group. *Streptococcus intermedius* is part of the normal flora in the oral cavity and the gastrointestinal tract. Pyogenic liver abscess caused by *Streptococcus intermedius* is rare. We present a case of patient with liver abscess after taking a dental procedure.

Case report: A 62-year-old man who had no underlying diseases, came to the emergency room with abdominal pain for 1 day associated with nausea and fever. He took a tooth desensitization about 3 weeks ago. Physical examination revealed RUQ tenderness, a blood pressure of 81/52 and a body temperature of 38.0°C. Treatment with norepinephrine was initiated and the patient was admitted to an intensive care unit. The initial lab findings included WBC 3360/mm³, CRP 22.74, AST 209 U/L, ALT 397 U/L, r-GTP 293 U/L, ALP 278 U/L and Total bilirubin 2.3 mg/dl. Pancreas & biliary CT scan showed about 7.3x6.1x7.2cm sized irregular low density mass with peripheral enhancement at liver S6/7, which suggests liver abscess(Figure1). USG-guided percutaneous drainage of liver abscess, pus culture and blood culture were performed. Then empiric treatments of IV ceftriaxone and metronidazole were started. The pus culture and blood culture grew *Streptococcus intermedius*. A week after hospitalization, the follow up abdomen & pelvis CT was taken. The size of liver abscess was not grossly changed, but the low density portion of the abscess was decreased(Figure 2). After using IV ceftriaxone for 2 weeks, fever subsided and WBC and CRP level returned to normal. Then we changed the antibiotics to Cefpodoxime Proxetil PO and the patient discharged from hospital.

Discussion: This case presents the liver abscess that occurred after a dental procedure in patients without underlying diseases. If the diagnosis of liver abscesses are delayed, the prognosis may be poor. Even if the patient does not have a risk factor for liver abscess, physicians should pay attention to history taking in consideration of the possibility of liver abscess.

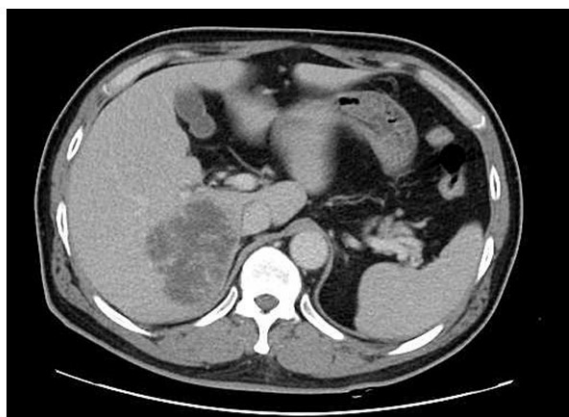


Figure 1. Pancreas & Biliary CT



Figure 2. Abdomen & Pelvis CT