Liver abscess by *Eikenella corrodens*

Dear Editor,

*E. corrodens* is a *Brucellaceae* family anaerobic bacillus, commensal of the gastrointestinal and genitourinary tracts. Nineteen cases of intra-abdominal infections by this organism have been reported, with history of previous abdominal surgery in seven of them. Location of major disease was the appendix, finding cases of pancreatic and retroperitoneal space abscesses. There are no references about liver affection. Empiric treatment of intra-abdominal infections usually includes metronidazole, clindamycin or aminoglycosides, being this microorganism resistant to all these drugs.

**Case report**

A 75 year-old male with non relevant past medical history came to the emergency room complaining of abdominal pain, fever and jaundice. Acute cholangitis is diagnosed and treated with ERCP and wide sphincterotomy. A laparoscopic cholecystectomy was performed six days later. Cholangiography was performed before surgery showing no abnormalities. The patient had an uneventful recovery. Pathology report showed chronic cholecystitis.

Three months later, he comes again to the emergency room complaining of abdominal pain and fever. He also complains of right upper quadrant tenderness and night sweats. Laboratory studies showed abnormal liver enzymes and elevated inflammatory markers. Abdominal CT showed a hypodense intrahepatic lesion in segments VI and VII, 10x10 cm in diameter, suggesting an abscess. Percutaneous drainage was performed and antibiotic treatment is started with piperacilina-tazobactam and linezolid.

Both blood cultures and liver abscess drainage cultures showed *Eikenella corrodens* sensitive to amoxicillin, ceftriaxone, amikacin, cefotaxime, ciproflaxacin, colistin, gentamicin, TMP/SMX. An echocardiogram was done to rule out endocarditis and antibiotic treatment was changed to amoxicillin-clavulanate.

The outcome was favorable and two weeks later, after an ultrasound showing no residual collections, the patient was discharged with PO antibiotics, in order to complete a month of treatment.

**Discussion**

Liver abscesses are the most common visceral abscesses (43%). Among the risk factors for its occurrence we found dia-
Betes, hepatobiliopancreatic abnormalities, and liver transplantation.

Pyogenic liver abscesses etiology is most often polymicrobial. About half of all blood cultures are positive. Major bacterial causes include the following: *Streptococcus miller*, *S. anginosus*, *S. aureus*, *S. pyogenes*, etc.

*Eikenella corrodens* is an opportunistic pathogen that causes several infections, mainly head and neck conditions. Most of them are mild. However, it can cause serious invasive infections. Most strains are found to be sensitive to penicillin, ampicillin, amoxicillin, second and third generation cephalosporins, carbapenems, fluoroquinolones and tetracyclines. They are usually resistant to aminoglycosides, clindamycin, erythromycin, metronidazole and vancomycin.

This microorganism infections should be taken in consideration, mainly in patients who have undergone procedures that involve gastrointestinal tract mucosa manipulation, with or without surgery history, in order to start convenient empirical treatment.

Ana Pilar Morante, Alfonso Sanjuanbenito, Elena Mendía, Pietro G. Giordano and Francisco G. Angarita

*Department of General Surgery and Digestive Diseases. Hospital Universitario Ramón y Cajal. Madrid, Spain*

**Recommended references**