



COR-10150603

YWIU

ANL SS -- S 616.988072; TRO

Tropical and geographical medicine.

UNIVERSITY OF THE WEST INDIES
DEPARTMENT OF CLINICAL SURGICAL SCIENCE
Bldg 68 Eric Williams Medical Sciences Complex
Trinidad
TRINIDAD & TOBAGO

ATTN: Professor Vijay Naraynsingh SUBMITTED: 2009-10-14 13:56:18
PHONE: PRINTED: 2009-10-15 11:35:54
FAX: REQUEST NO.: COR-10150603
E-MAIL: SENT VIA: Manual
 EXTERNAL NO.: NO 2

COR Core Copy Journal

TITLE: JOURNAL OF TROPICAL AND GEOGRAPHIC MEDICINE
VOLUME/ISSUE/PAGES: 37 p189-91
DATE: 1985
TITLE OF ARTICLE: ACITNOMYCOSIS OF THE LIVER.
COPYRIGHT COMP.: Fair Dealing - S50(1)

DELIVERY: E-mail Post to Web: bmyearwood@yahoo.com
REPLY: E-mail: bmyearwood@yahoo.com

This document contains 3 pages. You will be invoiced for \$12.00. This is NOT an invoice.

WARNING. This material has been provided to you pursuant to section 49 of the Copyright Act 1968 for the purpose of research or study. The content may be subject to copyright protection under the Act.

National Library of Australia ABN 28346858075

rial and tuberculous orchitis, syphilitic infection of the testis, sperm granuloma and testicular tumour. There were no clinical or histological features of these disorders in our case. An association between this condition and local trauma and urinary tract infection have been described; the significance of these remain problematical. The differential diagnosis from cancer is not easy, hence the importance of orchidectomy and early rapid diagnosis.

References

1. Morgan AD. Inflammation and infestation of the testis and paratesticular structures. In Pugh RCB, Editor. Pathology of the testis. Oxford: Blackwell, 1976; 111-6.
2. Capers TH. Granulomatous orchitis with sperm granuloma of epididymis: a case report. J Urol 1962; 87: 705-9.
3. Kahn RI, McAninch JW. Granulomatous disease of the testis. J Urol 1980; 123: 868-71.
4. Librach IM, Regan L. Granulomatous orchitis. Br J Clin Pract 1983; 37: 357-8.

ACTINOMYCOSIS OF THE LIVER

G.C. RAJU, K. FUNG KEE FUNG, N. JANKEY, G. BUSBY and V. NARAYNSINGH

Departments of Pathology and Surgery, Port-of-Spain General Hospital, Trinidad, West-Indies

Received August 30, 1984

Accepted for publication November 8, 1984

Abstract. We present our first case of actinomycosis in Trinidad and we believe this is also the first reported case of hepatic actinomycosis in the West Indies

Key words: actinomycosis; liver; Trinidad

Case Report

In February 1984 a 35-year-old Trinidadian of Spanish descent presented to the Port-of-Spain General Hospital with right-sided upper abdominal pain and fever. His symptoms started 4 weeks before and became progressively worse. He was a labourer by occupation and was involved in raising common fowl.

On admission, he had a temperature of 38°C. Clinical examination was essentially normal except for tender hepatomegaly extending 6 cm below the right costal margin. He had no previous abdominal surgery. Laboratory investigations were all normal except for an elevated white blood cell count of 12,000 with 70% polymorphonuclears. Blood cultures were negative. Repeated stool examinations and serologic tests for amoebiasis were negative. Roentgenograms of the chest and abdomen were normal.

At exploratory laparotomy, all viscera and organs were normal except for a hard, nodular 12 × 8 cm size mass in the right lobe of the liver; it was adherent to the anterior abdominal wall and diaphragm. Biopsy of this hepatic lesion showed classical actinomycotic granules (*Figure 1*). Aerobic and anaerobic cultures of the

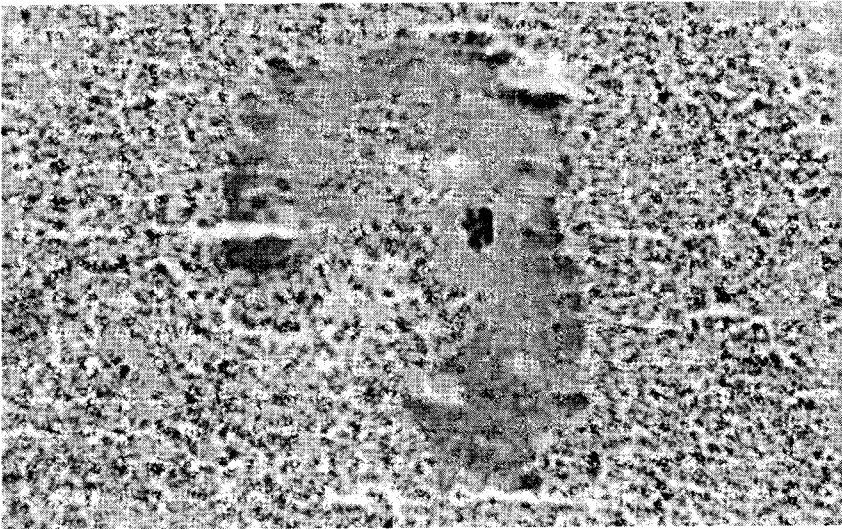


Figure 1a. Liver biopsy showing actinomycotic granule and dense polymorphonuclear infiltrate (H & E \times 100).

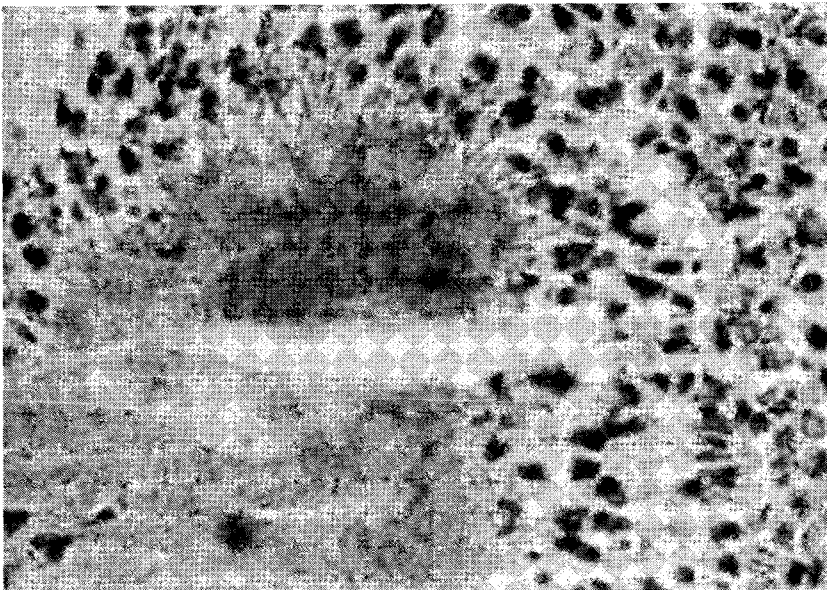


Figure 1b. Higher magnification showing the details of actinomycotic granule (H & E \times 200).

tissue did not yield growth. Postoperatively, the patient was treated with crystalline penicillin, 5 million units intravenously, 4 times a day for one week.

Two months later the patient was readmitted because of mild persistent pyrexia. An ultrasound scan demonstrated sub-hepatic fluid collection. At re-exploration, a serosanguineous sub-hepatic accumulation of fluid (400 ml) was drained and a shrunken hepatic nodule at the previous biopsy site was excised. Cultures

of this fluid were sterile while histology of the hepatic nodule showed fibrosis with no evidence of residual actinomycosis. The patient recovered uneventfully and six months later remained afebrile and free of symptoms.

Discussion

Actinomycosis is usually an endogenous infection in humans and presents in cervico-facial, thoracic and abdominal regions. Abdominal actinomycosis usually begins in the intestine as a complication of inflammatory disease or surgery [1]. The liver is the primary site of infection in 15% of patients with abdominal actinomycosis [2]. Hepatic actinomycosis may develop after appendicitis or surgery for non-inflammatory diseases [3]; it is probably conveyed to the liver by the portal vein. However, the pathogenesis remains unclear [4].

The most common hepatic lesion is a solitary abscess, though multiple abscesses may occur resulting in a honey-comb appearance. These abscesses are usually confined to the liver, but may extend to involve the adjacent organs [5]. Pre-operative diagnosis of hepatic actinomycosis is difficult. The commonest clinical findings are fever and tender hepatomegaly [6]. Serologic techniques are not conclusive in the diagnosis of actinomycosis; but crossed immuno-electrophoresis may provide greater sensitivity and specificity [7]. The specific diagnosis however, can only be made on histology or anaerobic cultures of the material.

Correspondence to: G.C. Raju, 15 Wainwright Street, St Clair, Port-of-Spain, Trinidad, W.I.

References

1. Cope VZ. Visceral actinomycosis. *Br Med J* 1949; 2: 1311-6.
2. Putnam HC Jr, Dockerty MB, Waugh JM. Abdominal actinomycosis. *Surgery* 1950; 28: 781-800.
3. Pheils MT, Reid DJ, Ross CF. Abdominal actinomycosis. *Br J Surg* 1964; 51: 345-50.
4. Suvarnakumari G, Leelanaidu PS, Reddy CRM, Rao NR, Ramasubbaiah Y. Actinomycosis of the liver. *J Assoc Physicians India* 1970; 18: 375-7.
5. Serrano-Rios M, Navarro V, Fontan J, Oliva H, Ramirez J. Isolated hepato-pancreatic actinomycosis. *Digestion* 1969; 2: 262-71.
6. Meade RH. Primary hepatic actinomycosis. *Gastroenterol* 1980; 78: 355-9.
7. Holmberg K, Nord C, Wadstrom T. Serologic studies of Actinomycosis israeli by crossed immunoelectrophoresis. Taxonomic and diagnostic application. *Infect Immunol* 1975; 12: 398-403.