

Pleural effusion due to an amoebic liver abscess

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A 72 years-old man was admitted for fever during the last two days. The patient was febrile with a temperature of 39°C. Chest auscultation revealed end-inspiratory crackles over the right lung base. Laboratory testing was remarkable for mild leukocytosis. A chest radiograph and **computerized tomography** (Fig. 1) showed small right sided pleural effusion, with no findings for pulmonary embolism. The patient was treated as community acquired pneumonia. In spite of antibiotic therapy the fever remained stable. A suspicion for subdiaphragmatic cause of pleural effusion was raised in differential thought. The patient underwent an **abdomen computerized tomography** (Fig. 2) which revealed findings compatible to a large liver abscess. The patient was transferred to a tertiary hospital. An amoebic liver abscess was diagnosed treated with anti-amoebic therapy with complete resolution.

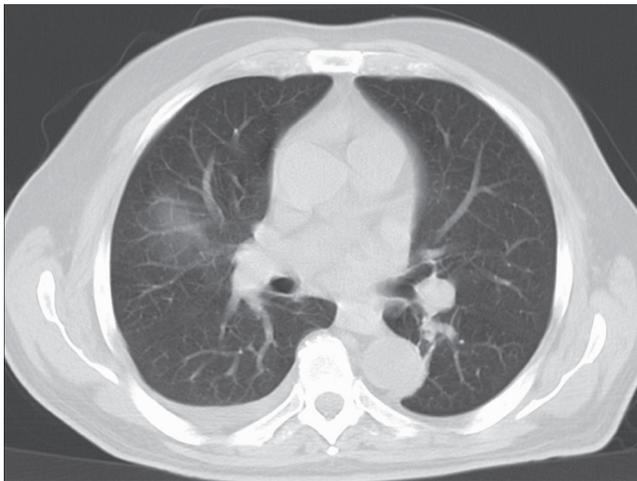


FIGURE 1. A chest computerized tomography shows a small right sided pleural effusion.

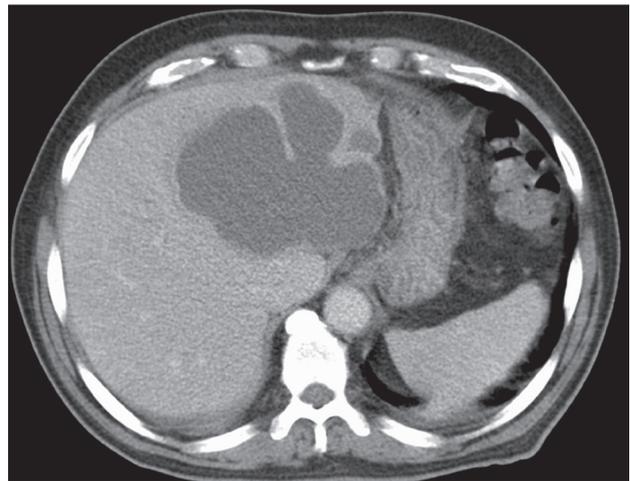


FIGURE 2. An abdominal computerized tomography shows a large, lobulated, hypodense area with a contrast enhanced capsule located in the left lobe of the liver.

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