Bacterial and parasitic manifestations of the liver

D. Nageshwar Reddy

UEG Week Berlin 2025 | Presentation

Hepatobiliary | Mechanisms & Personalised Medicine

October 7, 2025

The speaker reviewed diagnosis and management of hepatic bacterial and parasitic infections, emphasizing that over a billion people worldwide are affected yet these conditions remain under-recognized by clinicians despite effective treatments being available.

KEY POINTS

- Amoebic liver abscesses are extremely common, typically presenting as single lesions with a characteristic halo sign on imaging; the speaker stated metronidazole remains first-line therapy with no known resistance, followed by a luminal agent such as paromomycin.
- The speaker reported that aspiration is indicated when amoebic abscesses exceed 10 centimeters in the right lobe or 6 centimeters in the left lobe due to risk of imminent rupture including life-threatening pericardial rupture.
- For cystic echinococcosis the speaker described WHO ultrasound-based staging that directs treatment: simple large cysts are managed by PAIR technique or albendazole, multiseptate cysts with daughter cysts require surgical excision, and calcified cysts can be left alone as they indicate dead worm.
- Pyogenic liver abscesses differ from amoebic by being multiple rather than single and require longer antibiotic duration of 4 to 6 weeks with cephalosporins plus metronidazole versus 10 days for amoebic infections.
- The speaker noted that parasitic abscesses rarely occur in cirrhotic livers, stating the parasites require healthy liver tissue, so a space-occupying lesion in cirrhosis should prompt consideration of hepatocellular carcinoma rather than abscess.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/e5cc3522-a82e-11f0-81b5-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.