CLINICAL PRACTICE

Clinical Images

Overcoming the Rigors of *Klebsiella pneumoniae*

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Figure 1. Computerized tomography of the abdomen showing a large intrahepatic lesion containing gas.

A 57-year-old Japanese man with non-insulin-dependent diabetes mellitus presented with 3 weeks of fevers, chills, and a 15-pound weight loss. On examination, he was afebrile (37.5 C) and hypotensive (99/60 mmHg). He was noted to have

severe rigors. Physical examination revealed right upper quadrant abdominal pain, and Murphy's sign was not present. Laboratory tests were significant for leukocytosis (19,800/uL, 91% neutrophils), hyponatremia (122 mmol/L), and hyperglycemia (592 mg/dL). Albumin was low at 1.9 g/dL. Computerized tomography of the abdomen showed a large intrahepatic lesion containing gas (Fig. 1). Given the concern about a pyogenic liver abscess, the patient proceeded to interventional radiology, and percutaneous drainage removed more than 400 mL of purulent material. *Klebsiella pneumoniae* subsequently grew from both the drainage material and blood cultures. HIV testing returned negative. The patient did well and was discharged home with oral antibiotics and a hepatic drain on hospital day 10.

The prevalence of *Klebsiella pneumoniae* as a pathogen in hepatic abscesses is rising in Asian countries, particularly in Japan and Taiwan. Patients with diabetes, alcoholism, or cancer are at increased risk.¹ In contrast to other pyogenic hepatic abscesses, *Klebsiella* hepatic abscesses are usually solitary and monomicrobial.² Early drainage is associated with improved outcomes.³

Conflicts of Interest: None disclosed.

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