
Perils during Covid Pandemic

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30yrs old male, engineer by profession came to G. Kuppuswamy Naidu Memorial Hospital on 25.01.2022 with complaints of upper abdomen pain on the right side. He had no other complaints. No co-morbidities. Clinically obese, mild pain in the right hypochondrium. No intercostal tenderness. Chest reduced, air entry proper infra scapular and infra were axillary. His blood parameters were normal. Chest x-ray revealed an elevated right dome of the diaphragm. A US scan was ordered, which showed features suggestive of liver abscess (90cc segment V & VIII).

He was started on antibiotics, antimoebic treatment was reviewed seven days later, and he felt better. He disclosed that he had been admitted to another hospital in Sept 2021 for fever and diarrhea. His CBC showed neutrophilic leucocytosis. LFT elevated enzymes. HRCT lung basal atelectasis with ill-defined hypodense lesions in the liver.

Covid Negative. His blood culture grew streptococcus, and he was treated with appropriate antibiotics. He was reviewed after discharge. No further evaluation was done as he was symptom-free. In GKNMH from February 2022, he was continued on antibiotics, and antiamoebic and serial USG was done to monitor abscess size and decide on the need for intervention.

A CT abdomen was also done as he had similar findings in September 2021, only features of liver abscess. He remained asymptomatic, and the last USG abdomen showed a significant reduction in spot to 10cc. His case was highlighted to show that the covid pandemic has caused possible neglect in managing other diseases. This case could have had a problematic outcome if the abscess had tracked into the pleural space /abdomen. Also, the importance of good bedside clinical evaluation and appropriate investigation.