



A Giant Hepatic Abscess in an Immunocompetent Female: A Rare Presentation with an Unusual Pathogen



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INTRODUCTION

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Hepatic abscesses are rare in healthy individuals and may mimic thoracoabdominal conditions, delaying diagnosis. While most are polymicrobial and occur in high-risk hosts, this case describes a giant pyogenic liver abscess in a previously healthy female, with over 2 L of purulent drainage—highlighting the need for clinical vigilance even in low-risk patients.

CASE PRESENTATION

A 41-year-old immunocompetent, non-smoking, non-alcoholic female presented with a 2-week history of non-productive cough, malaise, and anorexia, progressing to fever, dyspnea, and right upper quadrant pain. She was tachycardic and tachypneic; hepatomegaly and decreased right breath sounds were noted. Laboratory workup showed leukocytosis and anemia. Chest radiograph revealed a right pleural effusion. Abdominal ultrasound detected a hepatic fluid collection; contrast-enhanced CT confirmed a ring-enhancing hepatic abscess (15×12×22 cm) (Figure 1). Percutaneous drainage yielded 2,138 mL of thick pus. Despite limited access to prolonged targeted therapy, the patient improved and was discharged in stable condition. Culture revealed methicillin-resistant *Staphylococcus haemolyticus*, an uncommon hepatic abscess pathogen.

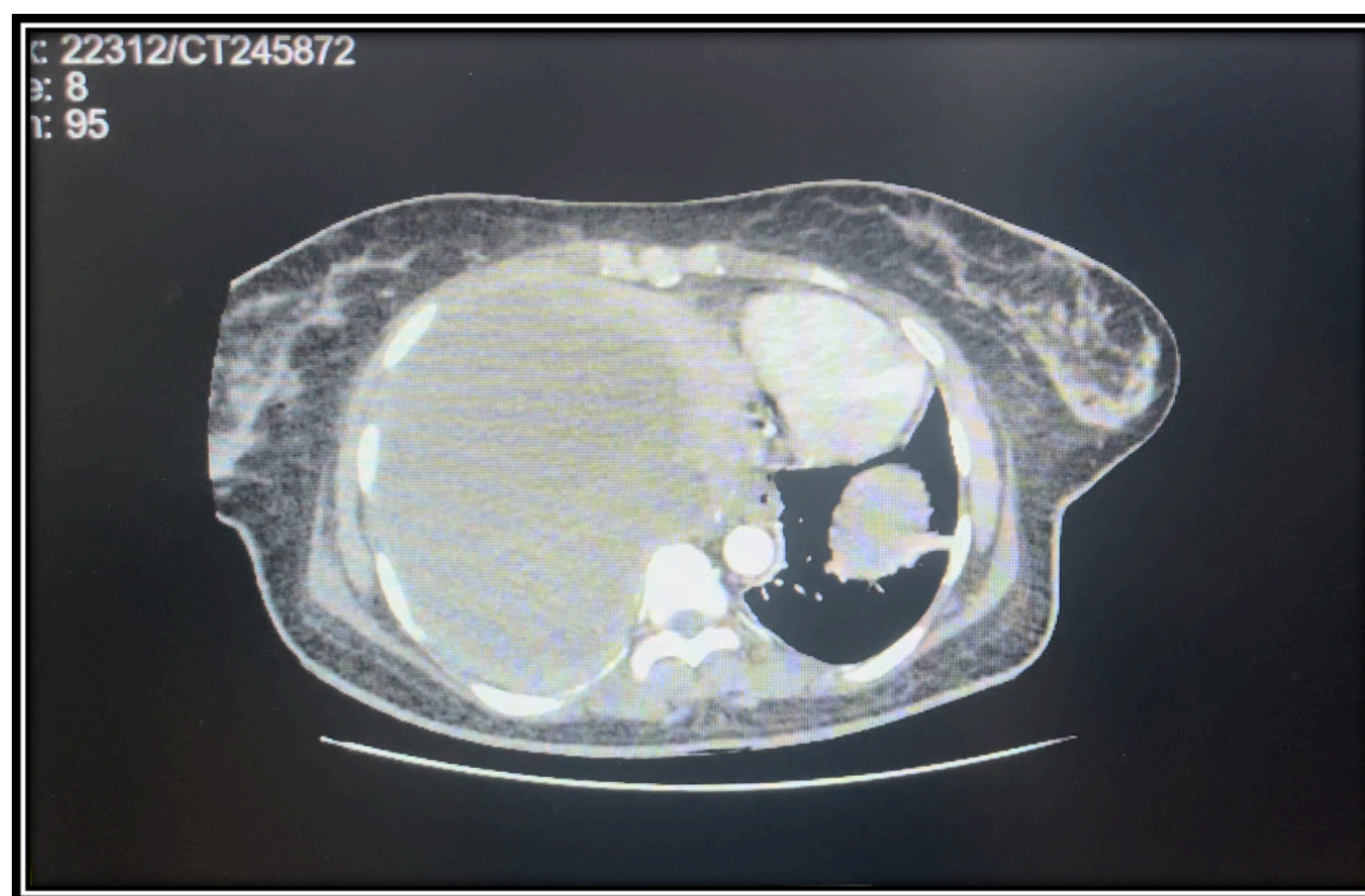


Figure 1. Computed tomography of the abdomen-triphasic view with enhancement showing a ring-enhancing collection in the right hepatic lobe measuring 15x12x22 cm (APxTxCC)

This is one of the largest reported hepatic abscesses in an immunocompetent adult. Timely imaging and drainage were critical to recovery. This case underscores that even in the absence of traditional risk factors, pyogenic liver abscesses may evolve into massive, life-threatening infections. It highlights the necessity of maintaining a high index of suspicion in patients with nonspecific thoracoabdominal symptoms and supports the critical role of early imaging and intervention. Prompt percutaneous drainage, even in resource-constrained settings, can significantly improve patient outcomes and should be considered a priority in the management algorithm.