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***Klebsiella* liver abscess**

The morphology of the organism shown was typical for *Klebsiella*, large encapsulated Gram-negative bacilli. Blood and pus cultures in this patient eventually grew *K. pneumoniae*. Even though the most common causative agent of liver abscess with or without splenic abscess in Northeast Thailand is *Burkholderia pseudomallei*¹, *K. pneumoniae* is also common especially in the other parts of the country. Generally, the mean age group of the patients is between 55 and 60 years. *Klebsiella* liver abscess is usually monomicrobial and cryptogenic.³⁻⁵ Diabetes is a known risk factor, especially in poorly controlled diabetic patients. Bacteremia is very common.³ The most common finding of abdominal ultrasonogram is a single abscess of the right lobe of the liver, as seen in this patient.^{4,5} Treatment with intravenous third-generation cephalosporin with or without aminoglycoside for 2-3 weeks, followed by oral fluoroquinolone for another 4 weeks is a preferred regimen. Most patients need the abscess drainage, either by percutaneous or surgical drainage, especially

when the abscess size is more than 2-3 centimeter. The mortality rate is generally low, compared to liver abscess caused by other pathogen.

References

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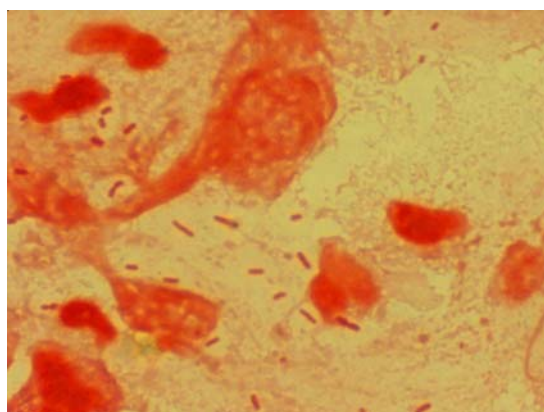


Figure.

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