A 49-year-old woman with a non-contributory medical history presented with general malaise, poor appetite, intermittent shortness of breath with activity and mild tenderness in the abdominal right upper quadrant for the past 1 month. Abdominal computed tomography (CT) revealed a huge, heterogeneous, mixed solid and cystic mass occupying nearly the entire right hepatic lobe (size: \( \sim 15 \times 10 \times 17 \) cm, Figure 1a and b) with mild enhancement of the solid components. CT findings were consistent with a diagnosis of an actinomycosis liver abscess. Benzylpenicillin (4 mIU i.m. every 4 h) and imipenem/cilastatin (500 mg i.v. every 8 h) were started.

Needle aspiration biopsy indicated an Actinomyces israelii liver abscess. After initial treatment was ineffective, an exploratory laparotomy and right lobectomy of the liver were performed; pathology verified A. israelii.

Actinomyces liver abscesses are rare and usually caused by A. israelii—a normal flora; most manifestations occur in the cervicofacial area.\(^1\)\(^2\) If CT imaging reveals a heterogeneous mixed solid and cystic mass in the liver, an actinomycosis liver abscess should be considered as the first diagnosis. Intramuscular injection with benzylpenicillin—the recommended treatment for actinomycosis—can be administered before the results of needle aspiration biopsy are obtained, when the diagnosis is highly suspected based on CT findings.\(^2\)

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References