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Case Report: MANAGEMENT OF PEPTIC ULCER INFECTION DUE TO Helicobacter pylori INFECTION AND ABSCESS LIVER BOWEL PERFORATION

Abstract

It has been reported a male patient 69 years old, with body heat complaints, upper abdominal pain, and bowel black, with a history of drinking aspilets for 9 years. From the results obtained hypertension, anemia, cardiomegaly, epigastric tenderness and right upper quadrant, hepatomegaly, leukocytosis, hipoalbumin, abdominal ultrasound picture of multiple liver abscesses right lobe, old myocardial infarction inferio ECG, CT-scan of the abdomen obtained multiple liver abscesses in the right lobe, wall to wall abscess partially attached gallbladder and duodenum, perihepatic fluid collection right pleural effusion and left. The initial diagnosis was multiple liver abscesses, melena, erosiva gastritis, anemia due to bleeding, hypertension stage I (JNC VII), hipoalbumin. Patients undergoing endoscopic surgery laparoscopy to drain abscesses installation. Operating converted to laparotomy due to perforation was found in the duodenum, transverse colon, and gallbladder. Histopathological examination of chronic superficial gastritis obtained, duodenal ulcer pepticum acute stage; H. pylori positive. Pus culture results obtained Escherechia coli susp. ESBL. Patients received therapy for eradication of H. pylori (amoxicillin, clarithromycin, PPI for 14 days, metronidazole and meropenem in accordance with culture. Concluded the most likely cause of liver abscess is an infection of E. coli translocation through a perforated peptic ulcer. The patient subsequently underwent outpatient controls obtained in poly UBT and HPSA is still positive. (FMI2013;49:252-258)

Keyword: Peptic, Ulcer, Helicobacter, pylori, Infection, Bowel, Perforation, Liver, Abscess,

Daftar Pustaka: