

Pseudoworms

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Figure 1



Figure 2

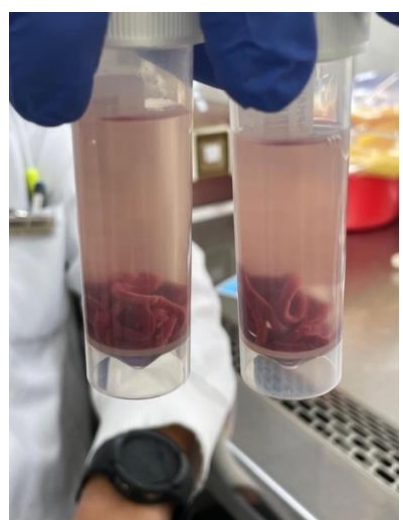


Figure 3



Figure 4



Figure 5

Clinical Image

A 71-year-old man with a history of diabetes mellitus was admitted with a five-day history of fever and chills, without a localizing source. The systemic review was unremarkable, except for a weight loss of five kilograms over the past six months. He had an extensive travel history to China, Vietnam, Malaysia, and Indonesia within six months prior to admission. Significant investigations revealed iron deficiency anemia, with a hemoglobin level of 11.4 g/dL, and a raised white blood cell count of $14.1 \times 10^9/L$, characterized by neutrophilia (absolute neutrophil count of $11.3 \times 10^9/L$) and monocytosis (absolute monocyte count of $1.38 \times 10^9/L$). Additionally, he had an isolated elevation of alkaline phosphatase at 146 U/L. Blood cultures were negative, and he was started on empirical broad-spectrum antibiotics.

A contrasted computed tomography scan of the abdomen and pelvis revealed a multiloculated hypodense lesion in the subcapsular segment VII of the liver, measuring 5.6 cm x 4.4 cm. This lesion was subsequently drained under fluoroscopic guidance using an 8F Skater catheter and connected to a suction bottle. Initial aspiration of the abscess yielded purulent fluid; however, whitish tubular structures resembling worms were noted in the drainage bottle shortly after the procedure (Figures 1, 2), raising concerns about a parasitic infection given his travel history. These structures appeared red, tubular, and of variable length when removed from the bottle (Figures 3, 4), and did not resemble the typical morphology of helminths that might infect the liver, such as flukes or *Ascaris lumbricoides*. Examination under the microscope confirmed that these structures were not worms, but rather blood clots (Figure 5). Incubation of the specimens eventually yielded *Klebsiella pneumoniae*. The patient's condition subsequently improved with administration of culture-directed antibiotics therapy.