



"STUDY OF CLINICAL PROFILE OF CASES WITH LIVER ABSCCESS AND ITS CORRELATION WITH GLYCEMIC STATUS"

Thesis For The degree of M.D (MEDICINE) Madhya Pradesh Medical Science University,
Jabalpur (M.P.) 2022-2025
SYNOPSIS

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DETAILS OF THE PROJECT TO BE SUBMITTED BY THE INDIVIDUAL DESIROUS
FOR CLEARANCE FROM INSTITUTIONAL ETHICS COMMITTEE
SYNOPSIS /SUMMARY

Title	"STUDY OF CLINICAL PROFILE OF CASES WITH LIVER ABSCESS AND ITS CORRELATION WITH GLYCEMIC STATUS"
Aims and Objectives	Mentioned in submitted synopsis
Study Centre	Gajra Raja Medical College & JA Group of Hospitals, Gwalior
Duration of the Study	April 2023 to September 2024
Introduction	Mentioned in submitted synopsis
Study Design	Prospective study
Methodology (Material & Methods)	Mentioned in submitted synopsis
Inclusion Criteria	Mentioned in submitted synopsis
Exclusion Criteria	Mentioned in submitted synopsis
Sample Size	60 patients
Procedure planned	Mentioned in submitted synopsis
Investigation Details	Mentioned in submitted synopsis
Data Collection and Methods	Mentioned in submitted synopsis
Statistical Analysis Plan	Will be done by SPSS software 22.0
Sponsorship (Yes/ No)	No
Conflict of Interest	No
Proposed Authors in the upcoming publication	Dr. Pranjal Peepre Prof. Dr. Ajay Pal Singh (M.D.)
Principle Investigator	Dr. Pranjal Peepre Department of Medicine

	Gajra Raja Medical College, Gwalior
Supervisor and Guide	Prof. Dr. Ajay Pal Singh (M.D.) Professor Department of Medicine Gajra Raja Medical College, Gwalior

INTRODUCTION

Liver is an important vital organ of the body. This organ is subjected to numerous systemic infections viral, bacterial and parasitic and lies at the distal end of the portal circulation; it is therefore bathed with portal blood containing viruses, bacteria, parasites, ova, products of digestion and other antigens.

Hepatic or liver abscesses are infectious, space-occupying lesions in the liver; the two most common abscesses being pyogenic and amoebic. Pyogenic liver abscess (PLA) is a rare but potentially lethal condition, with a reported incidence of 20 per 100000 hospital admissions in a western population. Its severity depends on the source of the infection and the underlying condition of the patient. Amoebic liver abscesses (ALA) are common in tropical regions mainly where '*Entamoeba histolytica*' is endemic and is more prevalent in individuals (mostly young males) with suppressed cell mediated immunity. In both the types of hepatic abscesses, right lobe of the liver is the most likely site of infection. The clinical presentation of both the types may be elusive with combination of fever, right upper quadrant pain and hepatomegaly with or without jaundice.¹

While laboratory testing alone is not diagnostic, laboratory abnormalities usually prompt imaging studies that do lead to the diagnosis. Diagnosis of Hepatic Abscess is made by imaging in 90% of cases. Imaging can also help identify the underlying cause in some cases. The primary methods of diagnostic imaging are conventional ultrasound (US) and CT. Both methods carry a sensitivity of 96%–100% for detection of HA.³

AIMS AND OBJECTIVES

- To determine the clinical profile, and radiological characteristics of this condition
- To study the correlation of IGT & Diabetes with liver abscess.

MATERIAL AND METHODS

- Present study will be conducted in the Department of General Medicine, G.R. Medical College, Gwalior (M.P.).
- Study area : Department of Medicine, G.R. Medical College, Gwalior (M.P.).
- Study design: Prospective study
- Sample size : 60

INCLUSION CRITERIA

- Adult patient with liver abscess admitted in JA group of hospital will be included as subject.

EXCLUSION CRITERIA

- Critically ill patients like in shock, sepsis will be not included as subject.
- Pediatrics populations will be excluded.

Method

- This is a prospective study, which will be conducted in patients admitted in JA group of hospitals.
- After a complete history taking with emphasis on alcohol consumption and history of jaundice in the past, a thorough clinical examination & routine investigations including fasting blood sugar and post prandial blood sugar will be done in all the cases. ORAL GLUCOSE TOLERANCE TEST will

be done in all such patients.

- On the basis of blood sugar they will be divided into three group normoglycemics, prediabetic and diabetic after this patient divided into three groups.
- Ultra sound of all these patient will be analysed for the size of abscess, number of abscess, involvement of lobe, consistency of an abscess, complication if any. Other test which will be carried out includes surface antigen HBsAG, HIV, HCV.

STATISTICAL ANALYSIS:

All the dates will be entered in a data collection sheet in an Excel format and analysed using SPSS Software. Numerical values will be reported using mean and standard deviation or median. Categorical values will be reported using number and percentages. Probability value (p) value less than 0.05 was considered a statistically significant.

EXPECTED OUTCOME

- Impaired glucose tolerance and diabetes may emerge as risk factors for liver abscess

REFERENCES

1. Sharma MP, Archarya SK, Verma N, Dasarathy S. Management of amoebic and pyogenic liver abscess. *Indian J Gastroenterol* 2001;20:33-36.
2. Pang TC, Fung T, Samra J, Hugh TJ, Smith RC. Pyogenic liver abscess: An audit of 10 years' experience. *World J Gastroenterol* 2011;17:1622–1630.
3. Lübbert C, Wiegand J, Karlas T. Therapy of liver abscesses. *Viszeralmedizin* 2014;30:334–341.
4. Ralls PW, Barnes PF, Radin DR, Colletti P and Halls J. Sonographic Features of Amebic and Pyogenic Liver Abscesses: A Blinded Comparison. 1987. *AJR* 149:499-501.
5. Thomsen RW, Jepsen P and Sorensen HT. Diabetes Mellitus and Pyogenic Liver Abscess: *Risk and Prognosis Clinical Infectious Diseases* 2007; 44:1194–1201.
6. Rutenberg WD, Yang MC, Doberstyn EB, Bellanti JA: Multiple leukocyte abnormalities in chronic granulomatous disease: a familial study. *Pediatr Res* 1977; 11:158-163.

DEPARTMENT OF MEDICINE

G.R. MEDICAL COLLEGE, GWALIOR (M.P.)

Topic: " STUDY OF CLINICAL PROFILE OF CASES WITH LIVER ABSCESS AND ITS CORRELATION WITH GLYCEMIC STATUS "

PATIENT PROFORMA

1. REGISTRATION

- a. Serial No.
- b. CR No.
- c. Date
- d. Name
- e. Age/Sex
- f. Father/husband name
- g. Address/Phone No.

2. OCCUPATION

3. EDUCATIONAL QUALIFICATION

4. MARITAL STATUS

5. SOCIO-ECONOMIC STATUS

6. ADDICTION HISTORY (DRUGS/ALCOHOL/TOBACCO) :

Alcohol	Present	Absent	Duration
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7. CHIEF COMPLAINS

a. Fever	Present	Absent	Duration
b. Chills and Rigor	Present	Absent	
c. Abdominal Pain	Present	Absent	Location
d. Chest pain	Present	Absent	Duration
e. Anorexia	Present	Absent	Duration
f. Nausea	Present	Absent	
g. Vomiting	Present	Absent	Duration
h. Weight loss	Present	Absent	Duration
i. Other complains			

8. PAST HISTORY

Jaundice	Present	Absent	
Diabetes	Present	Absent	Duration
T.B.	Present	Absent	Duration
HIV	Present	Absent	Duration

9. FAMILY HISTORY

Diabetes	Present	Absent
T.B.	Present	Absent
Hepatitis B	Present	Absent
Hepatitis C	Present	Absent
HIV	Present	Absent

10. DIETARY HISTORY

Veg / Non veg

11. GENERAL EXAMINATION

Built - Poor / Moderate / Well built

P / I / Oe / Cy

Pulse B.P. R/R

12. RESPIRATORY SYSTEM

13. CENTRAL VENOUS SYSTEM

14. PER ABDOMEN

INVESTIGATIONS

Hb%:	TLC:	DLC:
Platelet:	S. Creatinine :	B. Urea:
S. Bilirubin T/ D	SGOT	SGPT
HIV	HbsAg	HCV
FBS	PPBS	
OGTT Blood sugar	1hrs.2hrs.3hrs.	
USG abdomen		
Chest X-ray :		

Other investigation

Pus Culture sensitivity (if needed)

Candidate : Pranjal Peepre

Guide: Dr. Ajay Pal Singh (M.D.)

Professor

Department of Medicine

G.R.M.C., Gwalior (M.P.)

रोगी सहमति-पत्र

मरीज का नाम :
अध्ययनकर्ता चिकित्सक का नाम : डॉ. प्रांजल पीपरे
गाइड (मार्गदर्शक) का नाम : डॉ. अजयपाल सिंह (एम.डी.)
संस्थान का नाम : गजराजा चिकित्सा महाविद्यालय, ग्वा.

अध्ययनकर्ता चिकित्सक द्वारा मुझे इस अध्ययन के स्वरूप, प्रयोजन एवं अवधि की पूर्ण जानकारी उस भाषा में जो मुझे पूर्ण रूप से समझ में आती है, में दे दी गई है। मुझे अध्ययन के प्रत्येक पहलू के बारे में चिकित्सक से जानकारी मांगने का अवसर भी दिया गया है।

इसके पश्चात् मैं जांचकर्ता/अध्ययनकर्ता चिकित्सक को पूर्ण सहयोग करने के लिए तैयार हूँ। मुझे जानकारी है कि अध्ययनकर्ता चिकित्सक द्वारा मेरी सहभागिता कभी भी, बिना किसी कारण एवं बिना मेरी सहमति के खत्म करने का अधिकारी होगा, उसी प्रकार मैं अपनी इच्छा से अवधि के दौरान किसी भी समय बिना कोई कारण बताये अध्ययन से अपनी सहभागिता खत्म कर सकता/सकती हूँ।

इसके पश्चात् मैं अध्ययनकर्ता चिकित्सक को अनुमति देता/देती हूँ कि मेरी सहभागिता के द्वारा प्राप्त जानकारी का उपयोग एवं प्रकाशित कर सकता है, प्रदाय की मेरी व्यक्तिगत जानकारी गोपनीय रखी जाय।

मरीज या अटेंडर के
हस्ताक्षर/अंगूठे का निशान

निष्पक्ष गवाह के हस्ताक्षर

दिनांक :

मैं प्रमाणित करता/करती हूँ कि मैंने अध्ययन का स्वभाव, प्रयोजन एवं सभी भाग्याधीन (जोखिमी) संभावनाओं के बारे में
..... को जानकारी दे दी है।

जांचकर्ता/अध्ययनकर्ता चिकित्सक के हस्ताक्षर

Under taking by Student

I, **Dr. Pranjal Peepre** hereby declare that

1. I shall not put any financial burden on patients for this study.
2. I shall take the responsibility to provide all necessary medical care in case of any adverse event/life threatening event occurs during study.
3. I have not received any financial assistance from institute or other sources.
4. This study is not done earlier in department or institute.
5. No Plagiarism Certificate: I have checked the plagiarism status in this study and it is not more than 10%.

Signature of Guide

Signature of Candidate

Dr. Ajay Pal Singh (M.D.)

Dr. Pranjal Peepre