A 45-year-old man with alcoholic liver disease and chronic venous insufficiency presented an insidious history of dorsal pain, anorexia and weight loss. Physical examination revealed fever, jaundice and two skin ulcers in his left leg. Laboratory tests showed leucocytosis of 12.790/mm$^3$, C-reactive protein of 24.9 mg/dL, total and direct bilirubins of 1.88 and 1.21 mg/dL, respectively. Abdominal ultrasound showed multiple hypoechoic liver lesions. Magnetic resonance imaging was further performed and revealed several lesions with wall enhancement in IV to VIII liver segments, highly suggestive of multiple abscesses (Fig.s 1 and 2). Cultures of ulcer’s base and blood all grew Morganella morganii. The patient was submitted to eight weeks of intravenous ceftazidime according to antibiogram, with complete resolution of symptoms, laboratory and imaging findings. Liver abscesses may result from haematogenous spread of systemic infection. Morganella morganii is a rare cause of liver abscesses and is mainly associated with cutaneous and urinary tract infections.\textsuperscript{1,2}

**REFERENCES**

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Multiple Liver Abscesses due to *Morganella morganii*


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