A 68-year-old man with a rapidly progressing loss of consciousness and neck stiffness was transferred to our hospital.

He had no remarkable history except for an elevated HbA1c level of 6.9%. Computed tomography (CT) revealed a 55-mm low-density area in segment 4 of the liver (Picture A) and multiple lung nodules (Picture B; black arrows). Magnetic resonance imaging revealed abscess formation in the lateral ventricles (Picture C; white arrows) and an 8-mm
brain abscess (Picture C; white arrowhead). We diagnosed him with invasive liver abscess syndrome accompanied by meningitis, brain abscess, and septic pulmonary embolism and performed percutaneous liver abscess drainage and administered meropenem. *Klebsiella pneumoniae* was detected in the cultures of the liver abscess, blood, and cerebrospinal fluid specimens, so meropenem was replaced with ceftriaxone. Three months later, CT revealed intervertebral discitis (Picture D; white circle), so ceftriaxone was replaced with levofloxacin. While *K. pneumoniae* is common, a new hypervirulent *K. pneumoniae* variant associated with a high mortality rate is emerging as a global disease (1, 2). The present patient was discharged 168 days after admission without severe sequelae.

**Author’s disclosure of potential Conflicts of Interest (COI).**
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**References**


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