

PICTURES IN DIGESTIVE PATHOLOGY

Liver abscess secondary to duodenal perforation by fishbone: Report of a case

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BACKGROUND

Liver abscesses usually arise from amoebian or bacterial origin, being rarely secondary to foreign bodies (1-3).

CASE REPORT

We report the case of a 72-years-old female complaining from abdominal pain located in epigastrium and right hypochondrium during the last 48 hours. Laboratory data revealed leukocytosis with neutrophilia and pain located in the mentioned locations at physical examination. Ultrasonography showed a liver abscess involving segments 2

and 3. CT scan revealed that the abscess was secondary to a fishbone perforating the duodenum and inlaid in the liver (Fig. 1). The fishbone was surgically extracted from the hepatic lobe with hemostasia and a duodenal suture with epiploplastia was performed. Antibiotic was added to the treatment. The patient presented an uneventful postoperative course.

DISCUSSION

The intake of foreign bodies is a frequent event, representing bones and fishbones the most frequent foreign bodies in the adults. Sometimes, the diagnosis may be difficult because the symptoms are not specific (4-6). Imaging test are very useful for the diagnosis, as in the case we present.

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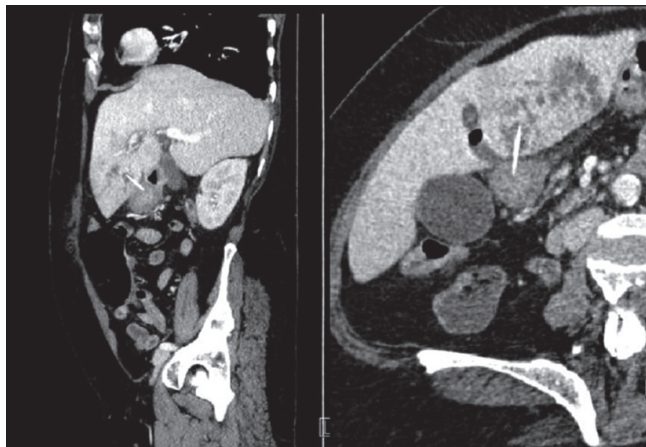


Fig. 1. CT: Liver abscess secondary to fishbone in the liver.