

Image of the Month

Liver abscesses: Blame it on the chicken bone

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A 62-year-old man presented to the Emergency Department with a 6-day history of persistent fever and malaise. Laboratory tests revealed neutrophilia and elevated C-reactive protein. Abdominal ultrasound showed multiple hypoechoic and heterogeneous nodular formations, up to 88 mm in size, located in the right hepatic lobe. Contrast administration revealed only peripheral enhancement, aspects compatible with abscesses (Fig. 1A). In the hypogastrium, an echogenic linear image compatible with a foreign body in the colonic lumen appeared to be perforating the sigmoid wall (Fig. 1B). These findings were corroborated by a subsequent abdominal tomography. A sigmoidoscopy was performed, confirming the presence of a 25 mm foreign body, compatible with a chicken bone, stuck at both ends in the sigmoid wall (Fig. 2A). Endoscopic removal using foreign body forceps was performed, leaving a superficial laceration at both sides (Fig. 2B). Subsequent

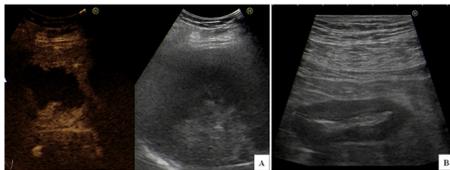


Fig. 1. (A) Abdominal ultrasound before and after contrast administration showing hypoechoic nodules with contrast enhancement only in the periphery of the lesion. (B) Ultrasound image compatible with a foreign body in the colonic lumen with apparent perforation of the sigmoid wall and edema of the surrounding fat.



Fig. 2. (A) 25 mm chicken bone stuck at the sigmoid colon removed endoscopically. (B) Colonic superficial laceration after endoscopic removal of the bone.

ultrasound-guided percutaneous drainage of hepatic abscesses was performed, combined with broad spectrum antibiotic therapy.

Accidental ingestion of foreign bodies, despite being common, leads to gastrointestinal perforations in less than 1% of patients. Subsequent hepatic abscess formation is even rarer [1]. Chicken and fish bones account for about half of reported perforations, with the rectosigmoid junction corresponding to the most common site at the large bowel. Most cases require surgical intervention. In this particular case, ultrasound and endoscopic approach, associated to percutaneous drainage, led to a successful resolution of the case.

Conflict of interest

None declared.

Reference

- [1] Chong L-W, Sun C-K, Wu C-C, Sun C-K. Successful treatment of liver abscess secondary to foreign body penetration of the alimentary tract: a case report and literature review. *World J Gastroenterol* 2014;20(13):3703–11, <http://dx.doi.org/10.3748/wjg.v20.i13.3703>.

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