

# Intrahepatic abscess secondary to acute calculous cholecystitis

A 63-year-old man was admitted as an emergency with a 1-week history of right upper quadrant abdominal pain and intermittent fever. His past medical history includes non-insulin-dependent diabetes mellitus and ischaemic heart disease. On admission he had a temperature of 38.0°C and tenderness in the right upper quadrant. The white cell count was  $11.4 \times 10^9$ /litre, C-reactive protein 164 mg/litre and alkaline phosphatase 244 IU/litre (normal 20–140 IU/litre). The computed tomography scan revealed a 13x8 cm right-sided intrahepatic abscess with calculous cholecystitis (*Figure 1*).

An interventional percutaneous 8.5F locking pigtail catheter (Cordis Europa) was inserted into the abscess and 400 ml of pus was drained. The fluid grew *Streptococcus anginosus* and the patient was treated with intravenous tazocin. A week later the patient had recovered well and a repeat computed tomography scan shown complete resolution of the abscess. He was discharged home and successful elective laparoscopic cholecystectomy was performed 8 weeks later.

Intrahepatic abscess secondary to perforation of an inflamed gallbladder is a very rare complication (Bakalagos et al, 1996; Kochar et al, 2008). Kochar et al (2008) reported one case and their review of all published English literature revealed six reports of ten patients in total with intra-hepatic abscess secondary to perforated gall bladder. Percutaneous drainage, antibiotics and an elective cholecystectomy once the abscess has resolved is the best treatment option. **BJHM**

Bakalagos EA, Melvin WS, Kirkpatrick R (1996) Liver abscess secondary to intrahepatic perforation of the gallbladder, presenting as a liver mass. *Am J Gastroenterol* **91**(8): 1644–6

Kochar K, Vallance K, Mathew G, Jadhav V (2008) Intrahepatic perforation of the gall bladder presenting as liver abscess: case report, review of literature and Niemeier's classification. *Eur J Gastroenterol Hepatol* **20**(3): 240–4

**Figure 1. Computed tomography scan showing a very large (13 cm × 8 cm) intrahepatic abscess (white arrow) and the calculous cholecystitis (black arrow).**



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