Hepatic abscess in a patient with polycystic liver disease

A case report

D. F. DU TOIT, P. VAN SCHALKWYK, LIDA LAKER

Summary
A patient with a liver abscess and underlying polycystic renal and liver disease is described. The liver abscess was diagnosed on the clinical findings and accurately localized by ultrasonography. Tube drainage and antibiotic administration resulted in a rapid recovery. The polycystic liver disease, which was previously undiagnosed and asymptomatic, was an unexpected finding at laparotomy.

Polycystic liver disease is usually asymptomatic and of only anatomical interest, and in most cases the cysts are an unexpected finding at operation or autopsy.1 Disturbed liver function is not a feature of the disease and the complications of rupture, intracystic haemorrhage and infection are rare.1 The association between polycystic kidney and polycystic liver disease has been reported previously.2-3

A case of polycystic renal and liver disease complicated by a liver abscess is presented.

Department of Surgery, University of Stellenbosch and Tygerberg Hospital, Parowvallei, CP
D. F. DU TOIT, D.PHIL., F.R.C.S., Principal Surgeon
P. VAN SCHALKWYK, M.B., CH.B., Senior Registrar
LIDA LAKER, B.S.C., Research Assistant

Reprint requests to: Dr D. F. du Toit, Dept of Surgery, University of Stellenbosch Medical School, PO Box 63, Tygerberg, 7505 RSA.

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Case report

A 32-year-old woman was admitted to hospital with a 2-week history of right upper abdominal pain referred to the right shoulder and associated with nausea, vomiting and rigors. She had never been jaundiced nor had she experienced symptoms of liver disease. Polycystic kidneys had been diagnosed 12 years previously and for the past year she had been treated for mild hypertension. Three months before this admission she had been admitted to hospital and treated for pyrexia of unknown origin.

On examination the blood pressure was 160/80 mmHg, the pulse rate 100/min and the temperature 38.5°C. Abdominal palpation revealed a moderately enlarged and tender liver. The spleen and kidneys were impalpable and there were no signs of chronic liver disease. Sigmodioscopy was negative. The haemoglobin concentration was 7.0 g/dl, the leucocyte count 17 x 10^9/l and the erythrocyte sedimentation rate 120 mm/h. A liver abscess was considered in the differential diagnosis of the upper abdominal pain.

Chest radiography showed a right basal pleural effusion, and ultrasonography of the liver demonstrated a large abscess in the right lobe. Three blood cultures and the Entamoeba histolytica haemagglutination test were negative. Liver function tests showed normal bilirubin but elevated serum alkaline phosphatase values.

Transperitoneal drainage of a large liver abscess was performed through a laparotomy incision; 300 ml of foul-smelling yellow pus was evacuated and a latex drain was inserted into the abscess cavity to provide continuous drainage and to minimize intraperitoneal contamination and infection. At operation there were no signs of pelvic inflammatory disease or inflammation of the appendix. At laparotomy grossly polycystic kidneys were observed together with similar cystic changes present in the liver. The cysts varied from 2 to 10 mm
Rupture of the head of the pancreas by blunt trauma
A case report


Summary

An unusual injury to the head of the pancreas is described. The various surgical options are discussed and the literature is reviewed. The Roux-en-Y pancreaticojunostomy for a major isolated rupture of the head of the pancreas is considered to be the operation of choice.

Department of Surgery, Ernest Oppenheimer Hospital, Welkom, OFS

Department of Surgery, University of the Orange Free State and Pelonomi Hospital, Bloemfontein

Operations on the injured pancreas are among the most challenging in trauma surgery. As early as 1903 Miculicz recognized the difficulties of pancreatic surgery because of the topographical situation of the pancreas, the problems in diagnosis and the danger inherent in any operation on this organ. These factors still characterize surgery for pancreatic trauma.

Injuries to the pancreas are infrequent, the incidence in both closed and open abdominal trauma being about 1 - 2%, so that extensive experience in their management is seldom gained by the individual surgeon.

An unusual injury of the head of the pancreas was recently managed jointly by staff at the Ernest Oppenheimer Hospital, Welkom, OFS, and the surgical department at Pelonomi Hospital, Bloemfontein, and the case is presented in order to illustrate the surgical management of this problem.

Case report

A 27-year-old man was struck in the epigastrium by a 'scoop' while he was working underground in a gold mine in Welkom.