

Severe abdominal pain three weeks after a hemi-hepatectomy

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CASE REPORT

A 71-year-old woman presented with severe upper abdominal pain and vomiting for one day. She had undergone a left-sided hemi-hepatectomy due to liver metastases of a neuroendocrine tumour of an unknown primary three weeks earlier. One week later, she received a percutaneous biliary drain due to a bile leak, and underwent endoscopic retrograde cholangiopancreatography (ERCP) with stent placement. Her medical history included cerebral vascular accident, appendectomy and mild pancreatitis. At presentation, the physical examination showed tachypnoea, direct and rebound tenderness of the right upper quadrant of the abdomen and normothermia. Laboratory analysis showed haemoglobin 6.6 mmol/l (reference range 7.5-10.0 mmol/l), leucocytes $40.1 \times 10^9/l$ (reference range $4-10 \times 10^9/l$), neutrophils

$37.9 \times 10^9/l$ (reference range $1.5-9 \times 10^9/l$), bilirubin 179 $\mu\text{mol/l}$ (reference range $< 17 \mu\text{mol/l}$), lactic acid 5.0 mmol/l (reference range 0.5-2.2 mmol/l), creatinine 119 mmol/l (67 mmol/l two weeks earlier) (reference range 50-90 $\mu\text{mol/l}$) and free haemoglobin 358 $\mu\text{mol/l}$ (reference range $< 0.16 \mu\text{mol/l}$); due to massive haemolysis, liver enzymes and lactate dehydrogenase could not be measured. Haptoglobin was unfortunately not available either. The biliary drain produced some pus, but no bile. Blood cultures were drawn, an chest X-ray and a computed tomography (CT) scan of the abdomen were performed (figure 1).

WHAT IS YOUR DIAGNOSIS?

See page 393 for the answer to this photo quiz.

Figure 1. A and B: Computed tomography of the abdomen in axial (A) and coronal (B) slicing shows a gaseous configuration in the liver, as seen in infections with gas-forming bacteria such as *C. perfringens*, C: On the chest radiograph an air configuration in the liver can be seen

