

AN UNUSUAL PATH FOR A FISHBONE: THE ORIGIN OF A LIVER ABSCESS

Anita Santos¹; Teresa Santos¹; André Magalhães¹; Rita Lourenço¹; Diana Matos¹; André Lopes¹; Maria La Saleté¹; Jorge Magalhães¹; José Pinto Correia¹; Ricardo Moreira¹

¹General Surgery Department, Hospital Senhora da Oliveira - Guimarães

Introduction

Complications associated with the ingestion of fishbones are common worldwide. Migration from the gastrointestinal tract is rare and originating a liver abscess is even rarer. In this case report we describe the unexpected journey of a fishbone - stomach perforation and insertion into the liver causing an abscess – and its posterior laparoscopic retrieval.

Case Report

We report the case of a 73 year-old female presented with high fever (max 40.3°C), without any other symptoms or findings on physical examination. Laboratory findings included leukocytosis and elevated C-reactive protein. Septic screening was negative. Seen as the clinical picture deteriorated, it was performed a thoraco-abdominopelvic CT scan. It revealed a large hepatic abscess with 63x72x61mm and a 35mm structure between the anterior wall of the pyloric antrum and hepatic segment IV.

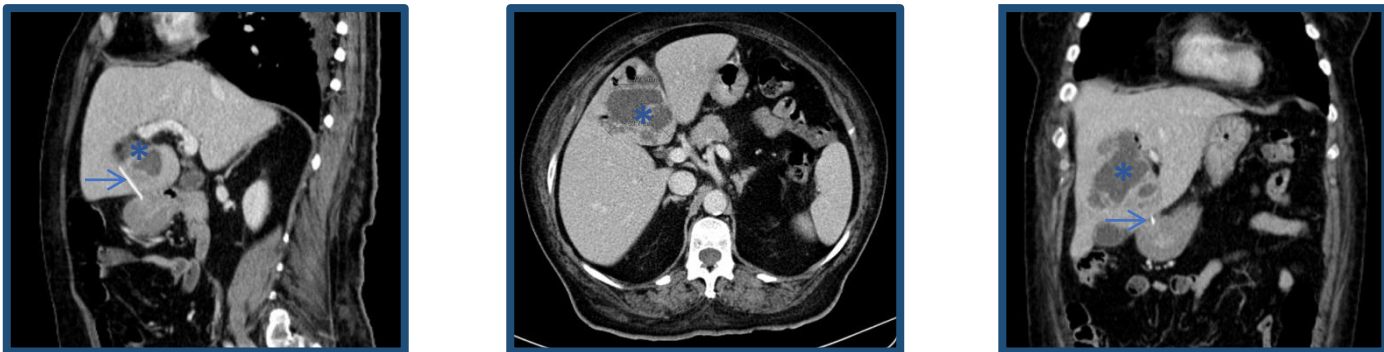


Fig. 1-3: Images of the CT scan showing a liver abscess of 63x72x61mm (*) and the 35mm structure between the stomach and liver suspected to be a fishbone (†)

Removal of the structure, a suspected fishbone, was attempted by upper GI endoscopy that did not find any foreign body or discontinuity of the mucosa, but only a bulging in the anterior wall of the pyloric antrum. Due to the ineffectiveness of conservative treatment with antibiotics, an ultrasound guided percutaneous drainage of the liver abscess was also attempted. However, the patient continued to clinically deteriorate. Finally, exploratory laparoscopy with extraction of foreign body (fishbone), liver abscess drainage and cholecystectomy was performed. The patient remained in sustained apyrexia and gradual analytic improvement after surgery.

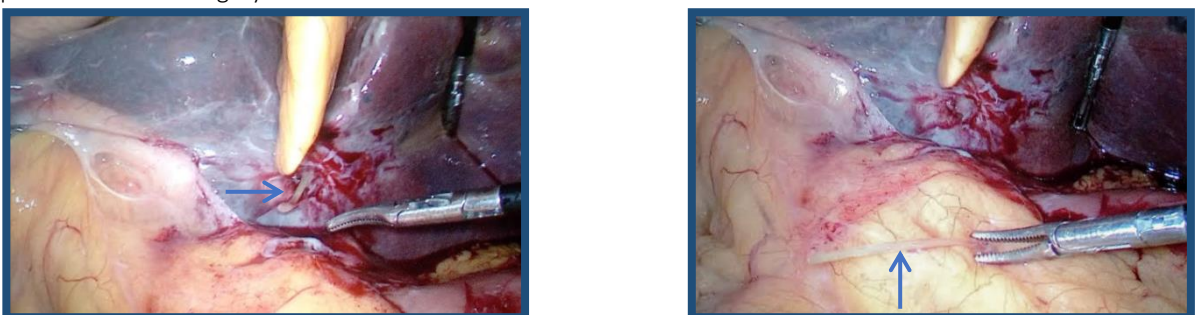


Fig. 4-5: Laparoscopic retrieval of the fishbone (†) inserted into the liver

Discussion / Conclusion

A liver abscess as one of the complications associated with fishbone ingestion is a rare condition. Diagnosing these complications is difficult and the CT scan is an important tool we can use. Laparoscopy, as a minimally invasive abdominal surgery, played a critical role in the treatment of this patient.

References

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