

## CLINICAL IMAGE

## Uncommon cause of liver abscess

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## Key Clinical Message

Gastrointestinal perforation by fishbone causing a liver abscess is a rare entity, but should be included in the differential diagnosis to avoid delay in the treatment.

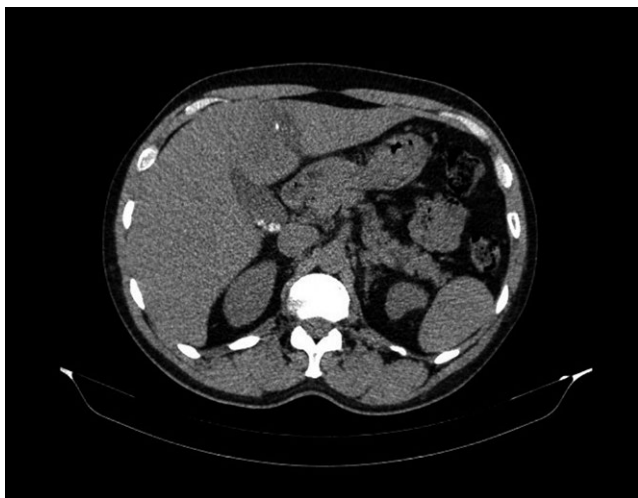
## KEYWORDS

bowel perforation, fishbone, foreign body, hepatic abscess

## 1 | CASE PRESENTATION

This 35-year-old male patient had accidentally swallowed a fishbone 2 months prior to his admittance in the emergency room. At that time, he presented pain in the upper abdomen a few days after ingestion.

He presented abdominal pain and fever. Computed tomography scan showed a liver abscess with a linear calcified body inside (Figures 1-3). Due to the symptoms, a laparotomy was indicated. Transverse colon was intimately adhered to the liver; after freeing the adhesion, no colic perforation was observed. The abscess was drained and the fishbone removed (Figure 4). Postoperative period was uneventful.



**FIGURE 1** Computed tomography axial image showing a linear calcified body inside the liver abscess

The diagnosis of a liver abscess caused by fishbone gastrointestinal perforation is difficult, due to its rare nature and also because it is difficult for the patient to remember the accidental ingestion.<sup>1</sup> In these cases, complementary imaging



**FIGURE 2** Computed tomography sagittal image showing a linear calcified body inside the liver abscess



**FIGURE 3** Tomographic 3D reconstruction showing a linear calcified body in liver topography



**FIGURE 4** Surgical specimen

exams are fundamental to find a calcified foreign body inside the abscess. Minimally invasive approaches, although not adopted in this particular case, are feasible and described in literature.<sup>2</sup>

## CONFLICT OF INTEREST

None declared.

## AUTHORSHIP

ARD: prepared the manuscript, member of surgical team;  
DJS: prepared the manuscript, member of surgical team;  
CBAF: reviewed the article; CLN: reviewed the article.

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