

Images in medicine

Two hepatic abscesses of biliary origin: interest of echography

Zine el Abidine Benali^{1,&}

¹Affiliation ¹Department of Anesthesiology & Intensive Care, CHP Eddarak, BERKANE, Morocco

&Corresponding author: Zine el Abidine Benali, Department of Anesthesiology & Intensive Care, CHP Eddarak, BERKANE, Morocco

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The annual incidence of non-parasitic liver abscess is low with 2.3 per 100 000. The biliary abscesses are usually secondary to biliary obstruction; with gallstones is by far the most common. In ultrasound, the early phase: abscess may appear hyperechoic, the liquefaction phase: anechoic with internal echoes, contours are usually irregular. The treatment of abscess hepatic are based on the puncture echo guided, and by broad-spectrum antibiotics guided by susceptibility of germ, surgical treatment is reserved for failures puncture, if not endoscopic sphincterotomy. We report a woman aged 85 years, coronary heart disease followed for his five years with ejection fraction 35%, cholecystectomized seven years ago, admitted to the ICU for fever, pain right upper quadrant. Abdominal ultrasound showed a dilated principal bile duct to 1.7 cm diameter with gallstone a 1.8/1.7cm, two liver images: segment VII and V with 6.1/5cm and 6.3/5.6 cm diameter, fuzzy aspects, without clear boundary with the liver parenchyma, with an anechoic center associated with some hyperechoic image in favor of liquefaction abscess stage, of biliary origin. Amoebic serology was negative. The drainage echo guided was made with empirical antibiotic, and guided after by a susceptibility which the germ was a streptococcus. The patient was referred for possible endoscopic sphincterotomy after seven days, given the high anesthetic risk for surgical drainage of the bile duct.



Figure 1: Echographic images 2D: A and B: cuts intercostals right showing two liver images, fuzzy aspects, without clear boundary with the liver parenchyma, an anechoic center associated with some hyper echoic image in favor of liquefaction stage of abscess, localized in segment VII and V, with 6.1/5cm and 6.3/5.6 cm diameter ;C and D: cuts under costal right oblique showing a dilation of the principal bile duct to 1.7 cm in diameter, with a qallstone of 1.8/1.7cm

