Hepatic abscesses secondary to a foreign body in the common bile duct
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Hepatic abscesses subsequent to a gastrointestinal perforation after the ingestion of a foreign body are rare, even more so if the perforation passes through the gastric antrum to the common bile duct.

We present the case of a 75-year-old male who had been suffering from fever, discomfort and weakness for a week. Abdominal examination revealed tenderness in the right upper quadrant without signs of peritoneal irritation. The analytical report showed an increase in procalcitonin and leukocytosis but not in cholestasis enzymes. The abdominal computed tomography (CT) revealed multiple hepatic abscesses predominantly in segments VII and V (Fig. 1). In addition, there was a hyperdense linear image between the gastric antrum and the pancreatic head that had penetrated the common bile duct, suggestive of a foreign body compatible with a thorn (Fig. 2).

The foreign bodies most frequently found in the bile duct are those used during surgery, endoscopic processes and interventions. We may find food, parasites or other materials amongst ingested bodies. These can cause the formation of stones or mold in the common bile duct and produce jaundice or infection. The majority of patients with a foreign body in this location benefit from endoscopic extraction using a Dormia basket and Fogarty’s balloon. If this is not possible, the usual procedure is a choledochotomy with exploration of the bile duct and Kher tube placement. In this case, given the excellent condition of the patient and the absence of symptoms or comorbidity, we opted for a conservative treatment and out-patient follow-up.

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REFERENCES