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Clinical Images

# Emphysema Due to Hepatic Abscess

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Clinical Images

## Emphysema Due to Hepatic Abscess

A 36 year-old man with previous biliary surgery due to pancreatitis with pseudo cyst formation five years earlier, had one week of right upper-quadrant pain. Although the pain was pleuritic, he had no respiratory symptoms and a normal chest radiograph (Figure 1). Abdominal CT showed a large abscess in the right hepatic lobe abutting the pleural space (Figure 2). Three hours later, after sneezing, he developed fever, tachycardia, and tachypnea with a chest radiograph now showing a moderate right pleural effusion (Figure 3). A thoracostomy tube was immediately placed (Figure 4) with the return of murky, purulent fluid; culture results determined it to be *Fusobacteriumnecrophorum*. Despite appropriate antibiotic therapy, he did not resolve his emphysema until after video-assisted thoracoscopic surgery was performed and a percutaneous drain was placed into the hepatic abscess (Figure 5). He then made a complete recovery and was discharged home well on day 15.

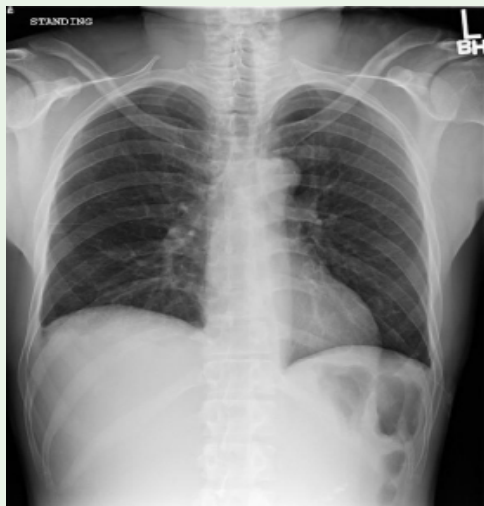


Figure 1: Initial chest radiograph which is normal.



Figure 2: CT of the abdomen showing right hepatic lobe abscess abutting the pleural space.

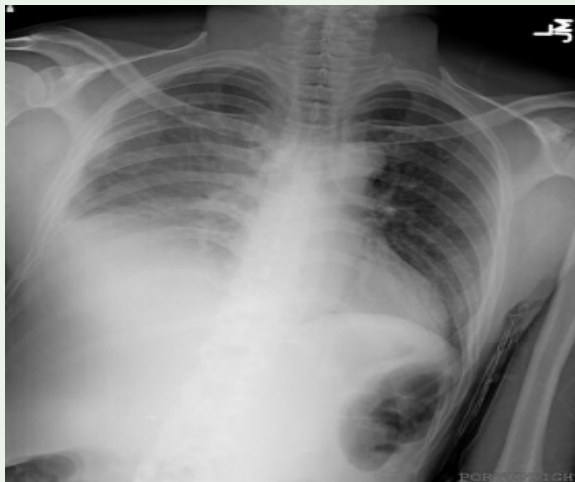


Figure 3: Chest radiograph shortly after sneezing showing new right sided pleural effusion.



Figure 4: Chest radiograph after thoracostomy tube placed showing decreased effusion.

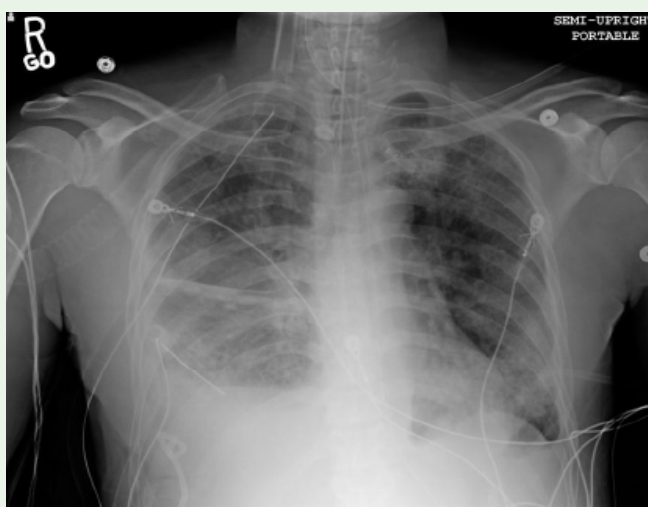


Figure 5: Chest radiograph after VATS with two thoracostomy tube; hepatic abscess drain can be seen in the right upper-quadrant.