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Spontaneous rupture of liver abscess in pancreatic cancer patient

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Introduction: Pneumoperitoneum secondary to ruptured pyogenic liver abscess is less commonly encountered condition and could represent life-threatening infection. Herein, we report a case of spontaneous rupture of liver abscess in pancreatic cancer patient which has not been reported before. **Case report:** A 53-year-old man was referred to emergency department with 3 days of fever, abdominal pain and jaundice. He had been diagnosed with pancreatic cancer and endoscopic retrograde cholangio pancreatography (ERCP) with biliary stenting was done to achieve biliary decompression at the time of diagnosis. He received systemic chemotherapy for more than 2 years and the last chemotherapy (Gemcitabine+Paclitaxel) was given a week prior to this event. He also had diabetes mellitus which had been poorly controlled. At admission, he had a temperature of 39.5°C, pulse of 116/min, and blood pressure of 104/62mmHg. Physical examinations revealed a distended, muscle guarding abdomen with rebounding tenderness particularly in the right upper quadrant. The laboratory investigations showed white blood cell count of 5,050/ μ l with 90.0% segmented neutrophils, C-reactive protein of 21.2mg/dL, and total bilirubin of 25.9mg/dL. Chest x-ray revealed air component over the liver. The computed tomography of the abdomen showed a gas-forming abscess with pneumoperitoneum at peri-hepatic space probably by ruptured liver abscess. He subsequently underwent drainage of liver abscess by percutaneous catheter insertion, not surgical intervention since the CT showed localized ruptures. Blood and abscess cultures grew *Escherichia coli* and he was treated with more than 6 weeks of antibiotics which were subsequently narrowed following the antibiotics sensitivity. **Discussion:** A ruptured pyogenic liver abscess is an extremely rare and should be distinguished from perforation of hollow organ by history taking, clinical symptoms and image examinations. Accurate diagnosis with adequate drainage and antibiotics therapy would bring good outcome.

