Liver abscesses occur in 4–15% of patients with blunt hepatic trauma and are usually seen in severe hepatic injuries as well as in patients who undergo surgery. Here, we present an older patient who had a huge liver abscess following blunt abdominal trauma with a low-grade liver laceration 20 days previously. Fortunately, he had a good outcome because of rapid diagnosis and correct management.

A 78-year-old healthy man presented to our emergency department complaining of progressive upper abdominal fullness and pain for 2 weeks. He had experienced a blunt trauma to his upper abdomen in a traffic accident 20 days previously, and another hospital had diagnosed him with a low-grade liver laceration, which could be treated non-operatively. At the emergency department, we performed a bedside abdominal sonography, which showed a huge hypoechoic mass in the left liver lobe. Contrast abdominal computed tomography revealed a huge cystic space-occupied lesion within the left liver lobe, indicating liver abscess (Figure). He received intravenous antibiotics and computed tomography guide drainage quickly; fortunately, he recovered well after a 22-day hospitalization.

While assessing an elderly patient with recent blunt abdominal trauma, practitioners should always consider the diagnosis of liver abscess, because even a low-grade hepatic injury could contribute to a huge abscess formation. Abdominal ultrasound is a useful tool for the initial approach, and a contrast computed tomography scan is a good way to confirm the diagnosis. We should treat the elderly aggressively, because their outcomes are as good as the young if we make a diagnosis earlier and provide them with the correct treatment.

References