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Clinical Image

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A toothpick's tale

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Clinical image description

A 68-year-old man presented to the emergency department with a 2-week history of fever, shivering and general malaise. Physical examination was otherwise unremarkable. Laboratory findings showed elevation of C-reactive protein (33 mg/dL), aspartate and alanine aminotransferase (89 and 120 U/L, respectively). A computed tomographic scan showed a large mass on the left hepatic lobe compatible with an abscess (Panels A, red arrow). Further viewing of the images confirmed the perforation of the digestive tract by a foreign body (Panels A, white arrow) and its migration through the gastroduodenal wall. These findings were confirmed by laparoscopy with the extraction of a toothpick (Panel B) and drainage of the abscess. Fever resolved and the patient was asymptomatic at discharge. Pyogenic liver abscess constitutes an infrequent clinical condition presenting a diagnostic challenge to physicians. Ingestion of a foreign body represents an even more rare cause of this clinical entity.

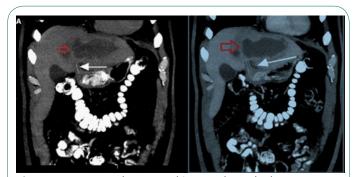


Figure 1: A computed tomographic scan showed a large mass on the left hepatic lobe compatible with an abscess (Panels A, red arrow). Further viewing of the images confirmed the perforation of the digestive tract by a foreign body (Panels A, white arrow) and its migration through the gastroduodenal wall.

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Figure 2: Laparoscopy with the extraction of a toothpick.

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