PHOTO QUIZ

A large liver lesion

K.R. Beukema1,2, W.J.B. Mastboom3, N.G. Venneman3, A.D. Cornet1
Departments of 1Intensive Care, 2Gastroenterology, and 3Surgery, Medisch Spectrum Twente, Enschede, the Netherlands

Correspondence
K.R. Beukema - k.beukema@mst.nl

A 70-year-old patient was admitted with a seven-day history of nausea and vomiting. His vital signs were in the normal range, bowel sounds were absent but abdominal examination was otherwise unremarkable. Routine laboratory work revealed anaemia (Hb 6.7 mmol/l), acute kidney failure (creatinine 286 µmol/l), elevated C-reactive protein (247 mg/l) and hypoalbuminaemia (16 g/l); liver tests were normal. As bowel obstruction was suspected, he was given intravenous fluids and nil by mouth, and a CT scan was planned. In the first 12 hours he deteriorated and developed septic shock, upon which broad-spectrum antibiotics (ceftriaxone and metronidazole) were started. Suspecting a possible bowel perforation, a CT scan was performed promptly, which revealed distended small intestines, ascites and a large liver lesion (figures 1 and 2). The colon appeared normal.

What is your diagnosis?

Answer
You will find the answer on page 213 of this issue.