

# Annals of Clinical Gastroenterology and Hepatology

Volume - 2, Issue - 1

**Case Report**      **Published Date:-2018-07-11 00:00:00**

[Hepatic adenomatosis: A clinically challenging rare liver disease](#)

43-year-old lady presented with incidentally discovered liver lesions while she was being managed for her complaints of menorrhagia. CT and MRI showed hepatomegaly with multiple lesions in both lobes of the liver with vascular element in the background of diffuse fatty infiltration. Patient underwent laparoscopic core biopsy. Histopathology showed extensive steatosis, intracytoplasmic giant mitochondria and absence of portal tracts, features highly suggestive of hepatic adenomatosis. IHC staining showed membranous and cytoplasmic positivity in hepatocytes for B-catenin consistent with multiple hepatic adenomatosis. Hepatic adenomatosis is a new clinical entity in the hepatological practice characterized by the presence of 10 or more nodules in the liver known for its major complication of bleeding. Hepatic adenomatosis is managed by regular imaging and resection of large (> 5cm) superficial and painful adenomas along with liver function tests and tumor markers to rule out malignant transformation. However, the potential cure being the liver transplantation.

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**Research Article**      **Published Date:-2018-01-19 00:00:00**

[Analysis of Pyogenic Liver Abscesses](#)

**Background:** Pyogenic liver abscesses (PLA) are frequent in immunosuppressed patients. We review the characteristics of patients with PLA at a tertiary academic Spanish hospital in Asturias.

**Methods:** A retrospective observational study for 10 years, between 2006-2015. Epidemiological, clinical, analytical characteristics, treatment and hospital stay of the patients with PLA were analyzed.

**Results:** 99 patients, 62 (62.6%) men, with age  $\geq$ 65 years (72.7%). The most frequent etiology was: Biliary (40%), postsurgical (15%) and intestinal origin (11%). The most frequent clinical signs were fever, showing significant differences, abdominal pain ( $p=0.001$ ) and nausea ( $p=0.02$ ) between biliary PLA and the rest of the PLA. Microbiological results were confirmed in 63% (62 cases). All were treated with antibiotic therapy, along with percutaneous drainage (44.4% (44 cases)); and surgical drainage (12.1% (12 cases)). The overall mean stay was 23.1 days without significant differences between those treated with percutaneous drainage or surgical drainage.

**Conclusion:** PLA predominate in patients  $\geq$ 65 years. Biliary PLA are the most frequent, diagnosed at an older age than the intestinal PLA ( $p=0.005$ ).

- The treatment is based on systemic antibiotherapy and percutaneous drainage, especially in PLA only  $>5$ cm ( $p=0.019$ ).

- There are no significant differences in average stay of patients treated with percutaneous drainage or surgical drainage.

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