

Liner- Upper GI (S2)

Notes by Dr. Fahad Razaal

Final year MBBS

F16-040

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⇒ Pyogenic Liver Abscess
Clinical features
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Pain in the right hypochondrium
High grade fever with rigors
Tachycardia, Tachypnea
Tender soft liver
Jaundice.

Common-organism :

Staphylococci
Streptococci milleri
" Faecalis
E. coli

Diagnosis :

Leukocytosis
↑ ALP (90-95% cases)
Ultrasound } very sensitive
CT-scan }
Blood culture.

Treatment :

Medical → IV antibiotics (8-weeks)
US guided- Percutaneous aspiration

Surgery :

Open
Laparoscopic

When →
Failure of aspiration
Failure of antibio
Abscess not amenable to P.C-drainage
secondary to location
Co-existence of intra-abdominal
disease.

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Liver Abscess

✓ Amoebic Liver-Abscess

Clinical Features



Flare-shape ulcer

Abscess - Thick

Reddish-Brown

Pus-like material - anchovy paste

Chocolate sauce

Fever, chills + Rigors

Pain in the right-hypochondrium

Anorexia, weight loss

Hepatomegaly

Investigations :

CBC

LFT's

Ultrasound

CT-scan

Anti-body detection for *E. histolytica*

Treatment

Medical → Metronidazole 750 mg Tid 7-10 days
Follow up CT-scan
Ultrasound

Needle aspiration → when large abscess

Non-responding to antibiotics

Diagnostic uncertainty

Superficial Abscess

Left-Lobe Abscess.

Surgical → Incision + Drainage

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Hydatid disease of Liver :

Clinical Features :-

Pain + Discomfort in the right upper quadrant

Compression - Adjacent bile duct
Hepatic vein
Portal vein
Vena cava

} Obstructive Jaundice
Portal hypertension
Budd-Chiari syndrome.

Infection

Rupture into peritoneal cavity - Anaphylactic shock.

Recurrent colicky pain + Jaundice

Rupture into peritonium.

Diagnosis :-

Ultrasonography

CT-scan (IOC) - Smooth space occupying lesion
e septa and floating membrane.

Antibodies to hydatid antigen.

Eosinophilia

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Management :-

History

Examination

Investigation

Treatment ↓

Medical

Per-cutaneous aspiration

Surgical

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Medical →

Albendazole 10mg/kg B.I.D 3-6 months

↓

Contraindication (Pregnancy)

Per-cutaneous →

PAIR

↓

Contraindication (cystobiliary communication)

Surgical →

Radical - Pericystectomy

Liver Resection

Peri-cystectomy : Complete removal of cyst by creating plane without opening cyst.

Liver-Resection : Complete removal of cyst along with Normal tissue.

⇒ Hepato-cellular carcinoma

A 60 yr-old man presents with history of loss appetite and weight loss with yellow discolouration of eyes for last-month.

- Risk Factors
 - Investigations
 - Management
- Diagnosis - Hepatocellular carcinoma.

Risk-Factors

Viral infection :

Chronic hep. C

Chronic hep. B

Environmental :

Alcohol, cigarette

Aflatoxin

Metabolic Disorder :

D.M (Diabetes mellitus)

Non-alcoholic fatty liver

Hemochromatosis

Wilson's Disease.

Immune Disorders

Primary biliary cirrhosis.

Autoimmune hepatitis.

Investigation :

Ultrasonography

Alpha-fetoprotein → $> 400 \text{ ng/ml}$

CT-scan - Specific
sensitive

Biopsy

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Treatment :

Multi-disciplinary approach
Staging of Tumor

Therapies

surgery → Liver Resection

Liver Transplantation

Local Ablation →
Therapy

Percutaneous ethanol injection

Radiofrequency ablation.

Transcatheter chemoembolization

Systemic Therapy →

Targeted molecular Therapy (social
symptomatic Rx.

Indication of Liver-Transplant :

→ California San Francisco

Salutory lesion < 6.5 cm

upto 03 nodules each < 4.5 cm
in diameter

sum of diameter < 8 cm

No vascular invasion or any
extra-hepatic disease.

Metastasis of Liver: occurs from
disease

GIT Tract (colorectal)

Breast

Lung

Pancreas

Kidney.

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