

CASE OF THE MISSING LIVER



S Machaea, M Chitnis
Walter Sisulu University, South Africa



BACKGROUND

Developmental anomalies of the right hepatic lobe are exceedingly rare and are defined as a volume reduction or the absence of liver tissue of the right lobe without previous disease or surgery. Right liver lobe anomalies are typically incidental findings on ultrasound (US) or computed tomography (CT) while investigating other pathologies. As with other developmental anomalies, right liver lobe may be part of a spectrum of other associated abnormalities such as right diaphragmatic hernia, anomalous gallbladder or portal hypertension. We report a case of right hepatic lobe agenesis associated with portal hypertension

CASE DESCRIPTION

3year old boy presented with progressive abdominal distention, passing normal stool and no haematemesis. He had a normal vaginal delivery with an uneventful neonatal period. No previous surgical history of note. On examination, he was anicteric, had a distended abdomen with no distended abdominal vein. He had a palpable splenomegaly and an associated reducible inguinal hernia. Haematological findings showed a HB 7.3g/dl with platelets 81, normal liver function. Negative TORCH screen on serology. US abdomen showed a massive splenomegaly with no caudate or right liver lobe and blind ending portal vein. Bowel loops were also noted in the right hemithorax suggesting a right diaphragmatic hernia. CT abdomen revealed a hypertrophied left liver lobe with a dilated portal vein with no filling defects, a non-dilated biliary system and no visualisation of the right liver lobe. A surveillance oesophago-gastroscopy was performed which revealed grade 2 oesophageal varices. He is currently on propranolol

Ultrasound



Figure 1



Figure 2

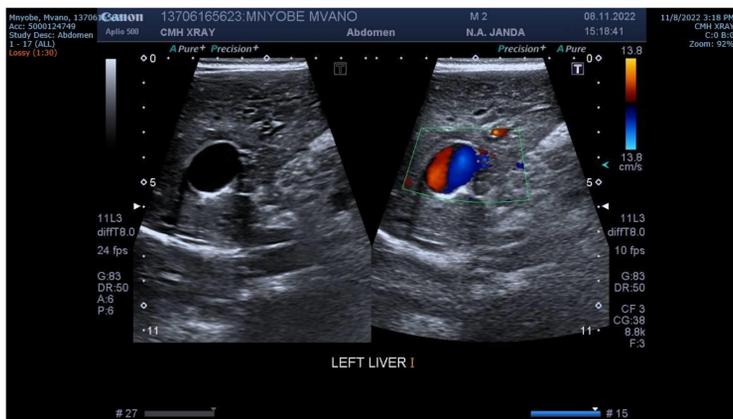
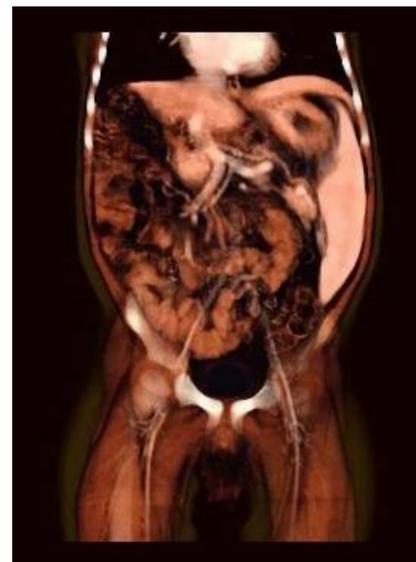
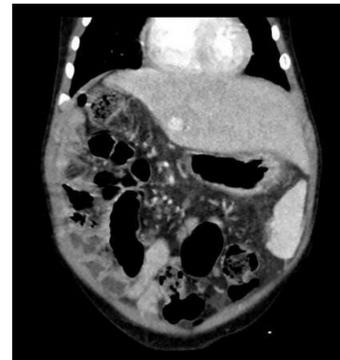


Figure 3

Ultrasound features were consistent with right liver lobe agenesis where both the right lobe of liver and caudate lobe were not visualized Figure 1 and Figure 2. Figure 3 depicts blind ending portal vein with a yin-yang sign on colour doppler. Incidental findings of right hemidiaphragm eventration were also noted. Massive splenomegaly noted

Computer Tomography



There is hypertrophy of the left liver lobe relative to the small right liver lobe. No focal lesion or dilated intrahepatic biliary ducts noted. Portal vein is dilated without filling defect. There is splenomegaly. Mild abdominal ascites noted

CONCLUSION

With developmental anomalies of the right liver lobe, other associated anomalies must be actively investigated so that early management can be initiated

REFERENCES

- Centers for Disease control and Prevention. Echinococcosis. <https://www.cdc.gov/parasites/echinococcosis/biology.html>. Accessed September 2022

