Sub-hepatic abscess

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CAUSE. I am not prepared to state the cause of this ailment, nor to assert why the pus should select this region. The few cases I am conversant with occurred either in persons who resided in the tropics, or in persons who had visited the tropics at some time shortly before being attacked. It is, so far as I know, not dependent upon dysentery or any ulcerative state of the intestines. It may be malarial in origin, and a little consideration may favour this as the etiological factor.

SUBHEPATIC ABSCESS.

READ AT THE BRITISH MEDICAL ASSOCIATION.

Section of Tropical Diseases.

August, 1900.

by

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The lymphatic glands at the gate of the liver are wont to become affected by material absorbed by them from the liver above and the neighbouring viscera below. Even the melanin deposited in the liver during malarial hepatic infiltration collects in these glands and thereby hinders their action and chokes their interstices. In such a state it requires but a slight derangement to set up irritation, inflammation, and subsequent suppuration, either in the glands or the lymphatics leading towards them. In subhepatic abscess we have a counterpart of suprahepatic abscess.

At the last meeting of this association, I brought forward clinical evidence of suprahepatic abscess, and I then advanced the theory, and I see no reason for departing from it, at a year's further experience, that it was caused by an inflammation of the lymphatics leaving the upper surface of the liver between the layers of the coronary ligament. I ascribe similar pathological changes as the cause for subhepatic abscess, namely inflammation of the lymphatics and possibly the lymphatic glands on the under surface of the liver.

SIGNS AND SYMPTOMS. The only single definite feature which can serve as a "guide" to subhepatic abscess is the presence of

a tumour in the epigastrium (or elsewhere in the abdominal wall) which is found to contain pus, and has for its boundaries the liver above and an inflammatory thickening of the perihepatic tissues elsewhere. As this condition can only be exactly elucidated by an operation, clinical evidence can at best do little more than suggest the possibility of such a condition.

In the two or three cases of which I have definite knowledge, the situation of pus was found, as indicated above; Previous to operation the local signs and symptoms were:-

(I) A tumour projecting from the anterior margin of the liver to the left of the fundus of the gall bladder and behind the right rectus muscle. The tumour formed a distinct prominence below the edge of the liver and felt like a full gall bladder although situated to the right of the position where the gall bladder is usually found.

(2) Perihepatitis with frictions sounds showing an increased area from day to day. As the area extends, friction sounds disappear from the centre of the dull area, but continue to spread at the margin showing the formation of central adhesions, and a widening in the perihepatic inflammatory area.

(3) Hepatitis not marked nor is the area of the liver dulness much, if at all, increased.

(4) The general symptoms are:- Increase of temperature by 3 or 4 degrees; occasional rigors; generally paresis of the intestine or, on the other hand, loose bile-stained stools; disturbance of the circulation and of the thoracic movements commonly met with in inflammatory changes in the neighbourhood of the liver.

The positive evidence, however, can only be established during an operation. After an incision into the abscess and the escape of pus, a probe or the finger passed into the wound can readily make out the liver to be above only, the complete absence of any resistance below which could suggest liver In case this evidence is not considered satisfactory, I have, however, more convincing proof of the situation of the pus being what I have described. Whilst discussing this matter with Sir Lauder Brunton, not only did he say he was convinced of the possibility of a subhepatic abscess, but had actually seen one in his own practice where, during a laparatomy made for diagnostic purposes, a large subhepatic mass of pus was found to extend along the under surface of the liver from the anterior to the posterior border. The pus lay between the peritoneum and the liver substance and had only peritoneal and inflammatory thickening around it except above.

The diagnosis of subhepatic abscess is not unattended with difficulty. Gall bladder inflammation is most likely

to be mistaken for the abscess seeing that the relation of both to the anterior abdominal wall is almost identical, and that the hepatic symptoms in both are pretty similar. The diagnosis must rest for the most part on the history of the case, but when this is unobtainable, the surgeon must be prepared when about to operate, to deal with either condition. The pus from the abscess possesses but little resemblance to liver pus; it resembles rather ordinary creamy pus from an abscess elsewhere in the body.

PROGNOSIS. Of the few cases I have seen, the prognosis is good no death having occurred. One man, the Captain of a ship sailing between Hongkong and New York, left 9 days after the abscess was opened with a drainage tube in the cavity of the abscess. In the case mentioned by Sir Lauder Brunton the pus was so extensive that an opening was made behind as well as front to ensure proper drainage. This has not been necessary in the cases within my experience.

TREATMENT. The treatment of this form of abscess presents nothing peculiar, tapping by a large trocar and drainage by a large tube has proved satisfactory in my hands: but incision when adhesions are known to have formed is free from danger and in the one case in which I have seen it practised it proved eminently satisfactory.