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Huge infected hepatic cyst in a patient with autosomal dominant polycystic kidney disease

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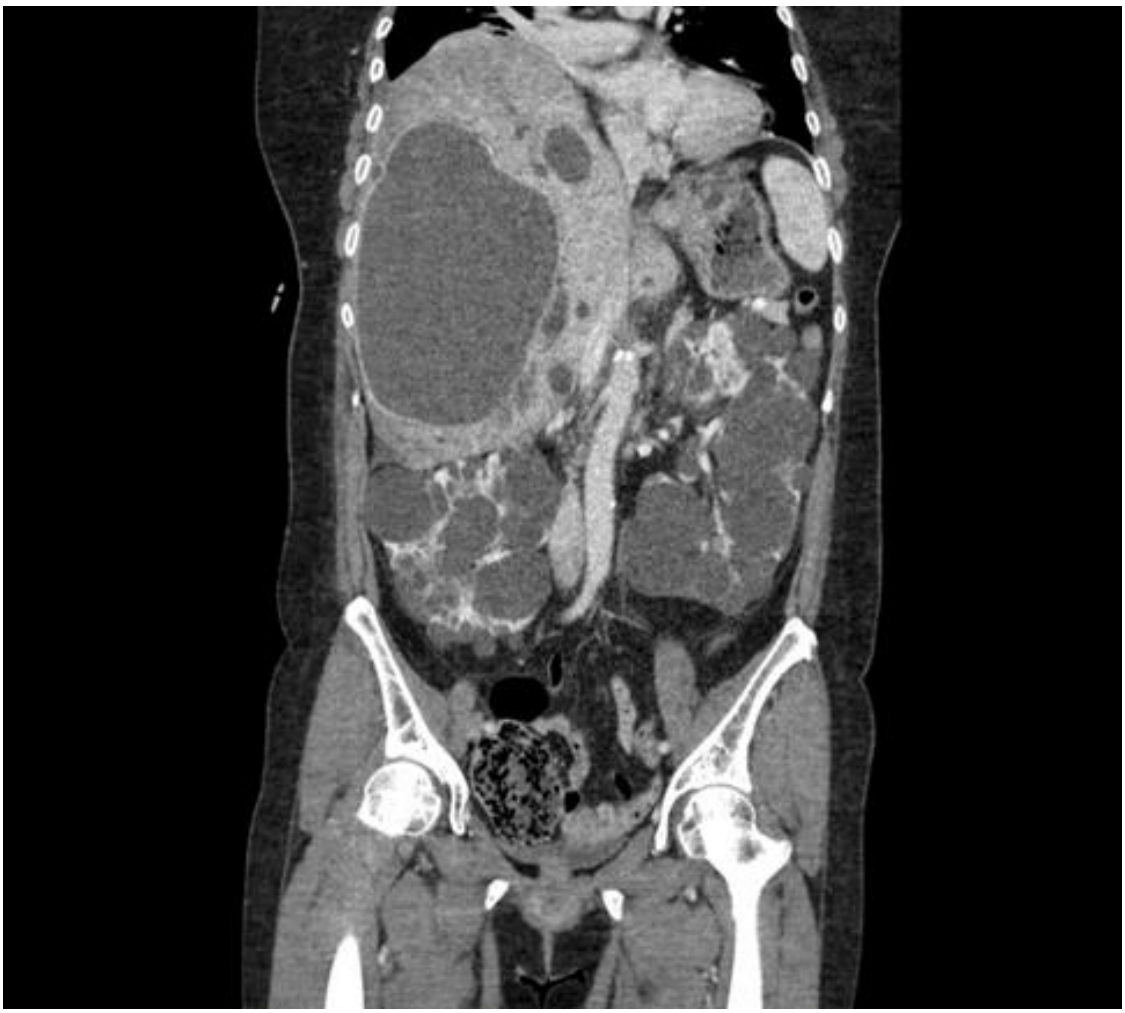
Case Study: Liver cyst infection is a rare complication in autosomal dominant polycystic kidney disease (ADPKD) and its clinical manifestations were fever, abdominal pain, increased C-reactive protein, and the absence of other causes of fever. But, hepatic cyst infections with ADPKD remain a challenging diagnostic and therapeutic issue. A case of a 65-year-old female had ahypertension and ADPKD. She complained of abdominal pain on epigastric area on 2 weeks ago at admission. A computed tomography (CT) scan revealed thatabout 17.5c m cystic mass with peripheral enhancement in right hepatic lobe and multiple cysts in liver and both kidneys.Due to her persistent fever and leukocytosis during intravenous antibiotics, we performed percutaneous drainage of huge hepatic cyst. The drainage fluid present leukocytosis 308,606/mm3 and deep brown color. The microbiologic culture was ESBL(-) Escherichia coli. We applied both percutaneous drainage of infected hepatic cyst and combined antibiotics, ceftriaxone and intravenous metronidazole for 17 days. Follow-up CT scan showed that the improvement of previous noted infected hepatic cyst in right liver. She was successfully treated and followed out patient.

initial CT



follow-up CT