An 84-year-old woman without any underlying diseases presented with acute epigastric pain that had developed two hours prior to the visit. She exhibited epigastric percussion tenderness without Murphy’s sign. A laboratory investigation demonstrated an increased bilirubin level of 5.8 mg/dL and hemoglobinuria due to hemolysis, and computed tomography revealed air bubbles in the left lobe of the liver (Picture 1, 2). Surgical drainage of the abscess was performed in addition to the administration of a broad-spectrum antibiotic; however, the patient died three hours postoperatively. Cultures of blood and the drained fluid grew Clostridium perfringens, thus establishing a diagnosis of hepatic gas gangrene and hemolysis due to C. perfringens.

Hepatic gas gangrene is a rare entity typically caused by C. perfringens that often develops in patients treated with liver transplantation (1, 2). Toxins produced by C. perfringens cause hemolysis and rapidly progressive necrosis in the affected organs. Hence, C. perfringens infection should be considered in patients presenting with hemolysis and gangrenous lesions in any organ.

The authors state that they have no Conflict of Interest (COI).

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References