Gas-filled Cavities in the Liver

Kazuyuki Hamada and Yasutsuna Sasaki

**Key words:** Clostridium perfringens, septic shock, liver abscess, and gastric cancer

(A Intern Med Advance Publication)

(DOI: 10.2169/internalmedicine.0172-17)

A 68-year-old man receiving capecitabine and oxaliplatin for the treatment of metastatic gastric cancer presented with chills and shortness of breath continuing for 2 hours. On admission, he had a temperature of 37.4°C, a blood pressure of 68/43 mmHg, and jaundice in the ocular conjunctiva. Blood tests revealed leukocytosis and increased levels of C-reactive protein, procalcitonin, total bilirubin, and lactate dehydrogenase. Computed tomography revealed multiple hepatic gas-filled cavities (arrows) in addition to cancer metastases (Picture A and B). He was thus diagnosed with septic shock and liver abscess. He was treated with doripenem, azithromycin, and noradrenaline; however, 10 hours after hospitalization, he died due to progressive septic shock associated with acute hemolytic anemia. On autopsy, liver abscesses (arrowheads) were observed independent of the metastatic lesions (Picture C). Blood cultures on admission and liver abscess lesions on autopsy tested positive for *Clostridium perfringens*. We diagnosed septic shock and liver abscess caused by *C. perfringens*. We suspect that the liver abscesses had formed through bacterial translocation caused by some mucous membrane disorder, which is a common side effect of capecitabine (1).

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

**Reference**