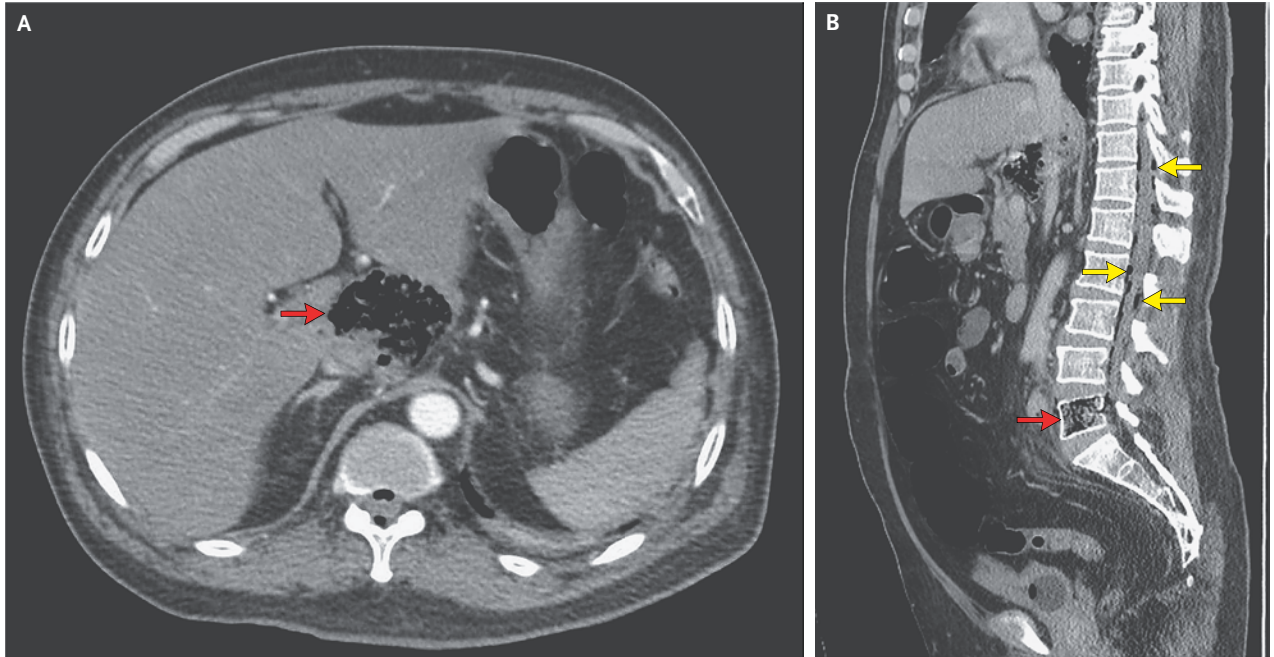


IMAGES IN CLINICAL MEDICINE

Lindsey R. Baden, M.D., *Editor*

Metastatic Gas



A 60-YEAR-OLD MAN OF BURMESE ORIGIN PRESENTED TO THE EMERGENCY department with severe back pain that had lasted 1 week. He had a fever (39.8°C) and hyperglycemia but had not received a diagnosis of diabetes previously. He had not traveled to Myanmar (Burma) or been in contact with anyone from Myanmar during the previous 2.5 years. Encephalopathy and multiple organ failure rapidly developed. Computed tomography of the abdomen revealed a gas-forming infection in the caudate lobe of the liver (Panel A, arrow) and the fifth lumbar vertebral body (Panel B, red arrow). Gas extended posteriorly into the epidural space (Panel B, yellow arrows), as well as anterolaterally, particularly along the margin of the right psoas muscle. An abscess in the lower lobe of the right lung was also noted. Cultures of bronchoalveolar-lavage fluid, blood, and material from percutaneous drainage of the liver abscess all grew *Klebsiella pneumoniae*. The syndrome of primary liver abscess caused by *K. pneumoniae* infection with septicemia is well recognized, particularly in Taiwan and Southeast Asia. It can be associated with gas formation and metastatic infection. This patient was treated with antibiotic agents and recovered, although damage to his fifth lumbar vertebra had occurred, resulting in chronic back pain.

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