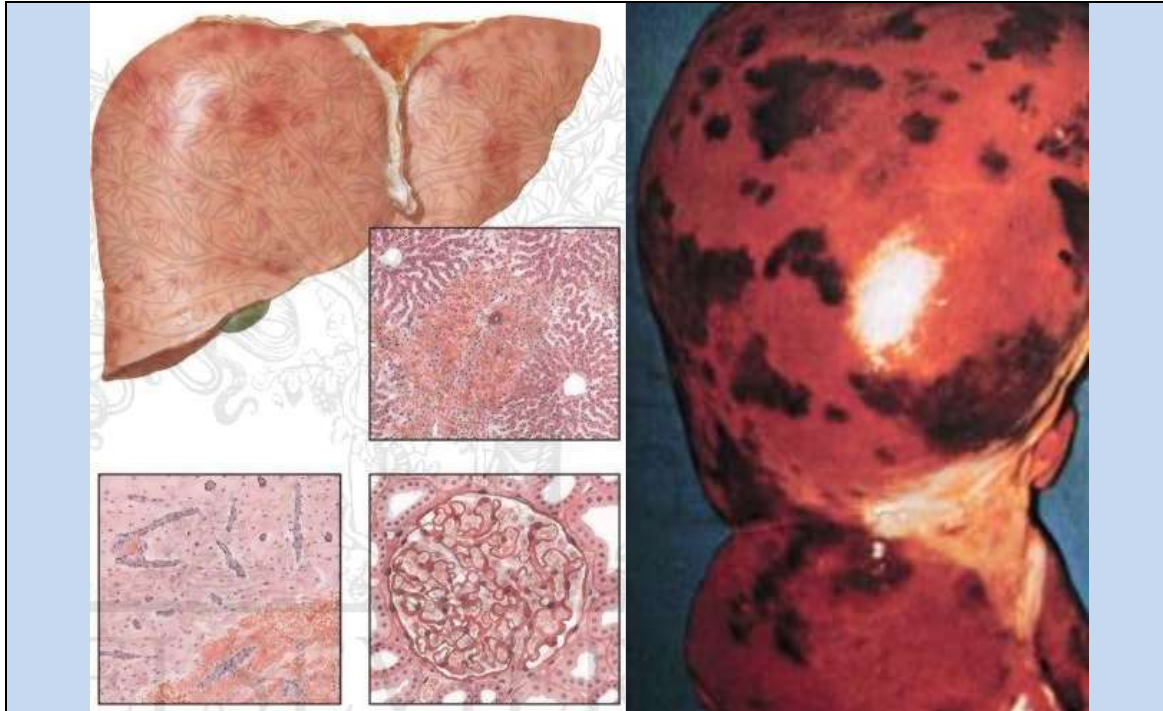


XVIII. Diseases of Liver, G. Bladder, Pancreas & Peritoneum

Liver



Toxaemia of Pregnancy III- 6. 701

Liver:

- Is enlarged
- Shows parenchymal haemorrhages (in patches)
- Petechial subcapsular dark haemorrhagic red areas
- Areas of focal necrosis.
- Has a pale greyish-yellow background
- Is soft in consistence

N.B.:

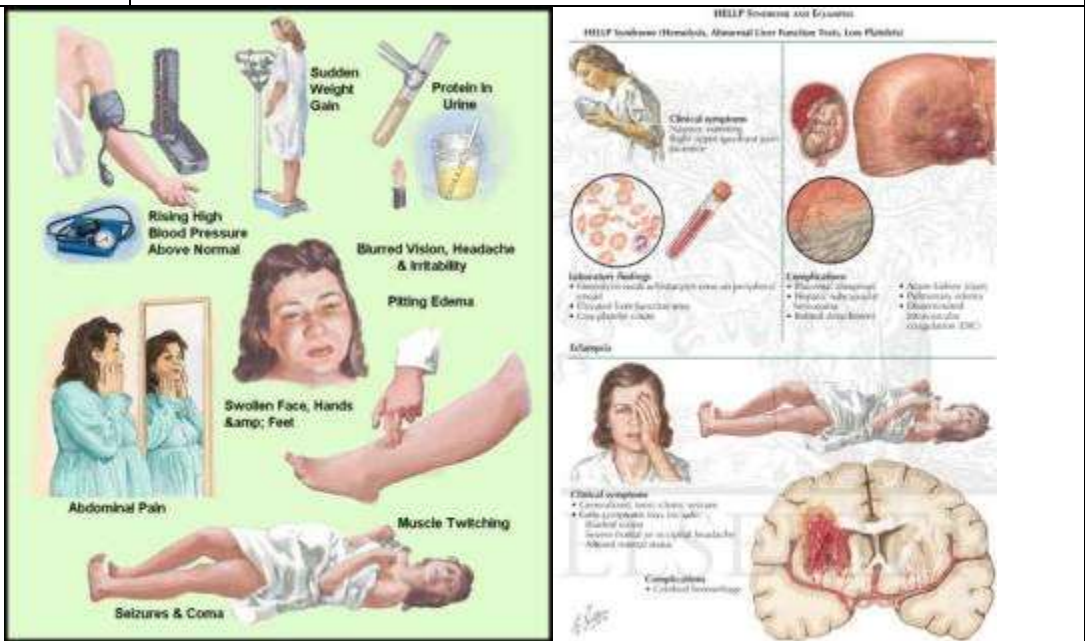
- *The patient died of eclampsia*
- *Histologically, the liver showed zonal necrosis.*

Toxaemia of pregnancy may occur in the later months of pregnancy or after childbirth. The relevant changes appear in the liver, kidneys and placenta.

Liver

- Is Enlarged.
- Yellow in colour.
- With extensive irregular patches of haemorrhages:
 - Subcapsular.
 - Parenchymal and
 - Peripheral zonal necrosis (and occasionally sub-central).
- Soft in consistence.

Kidneys	<ul style="list-style-type: none"> Swollen (cloudy swelling and fatty change). With petechial haemorrhages in the cortex. Swelling of glomeruli and walls of arterioles. Necrosis of tubules (up to bilateral renal cortical necrosis in severe cases).
Placenta	<ul style="list-style-type: none"> Enlarged → premature ageing. Shows infarcts → large, pale retracted areas. Degeneration of chorionic villi.
Symptoms:	<ul style="list-style-type: none"> Fever. Vomiting. (Hyperemesis gravidarum) Oedema Albuminuria. Hypertension. Convulsions (minute haemorrhages in the brain). Retinal changes. Symptoms related to changes in anterior pituitary gland.



Fate:	<ul style="list-style-type: none"> Recovery. Death of foetus. Death of mother.
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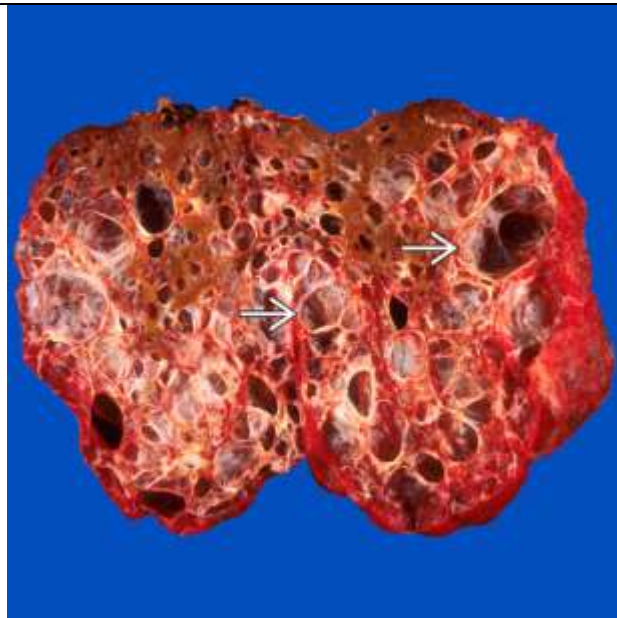
Congenital Cyst III- 6. 80

Liver:	<ul style="list-style-type: none"> Is enlarged 		
The cyst:	<ul style="list-style-type: none"> Cystic and is soft in consistence Single Moderate in size 		
Walls:	<ul style="list-style-type: none"> Smooth and thin sim 		
Outline:	<ul style="list-style-type: none"> Well-demarcated 		
Capsule:	<ul style="list-style-type: none"> Present 		
Contents:	<ul style="list-style-type: none"> Clear fluid 		

N.B.:

Cysts of the liver

1. **Congenital as in polycystic disease** which may be associated with cystic disease elsewhere (kidneys, lungs and the pancreas).
Usually, these cysts are small or moderately-large and numerous).
2. **Parasitic** as hydatid cyst.
3. **Non-parasitic:**
 - a) Blood cyst (degenerating haemangioma).
 - b) Lymphatic cyst (degenerating lymphangioma).
 - c) Bile-duct retention cyst.
4. **Gas cysts** (when the liver shows bubbles of gas after wound-infection with the anaerobic gas producing bacteria).



Polycystic liver disease