
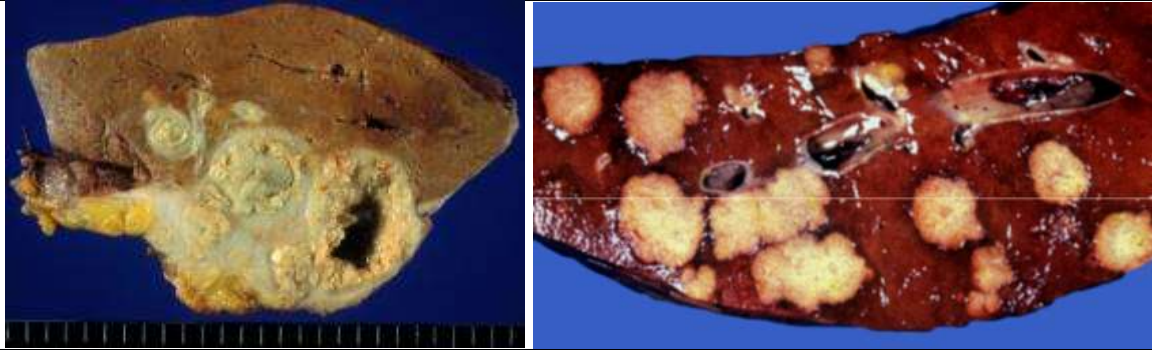
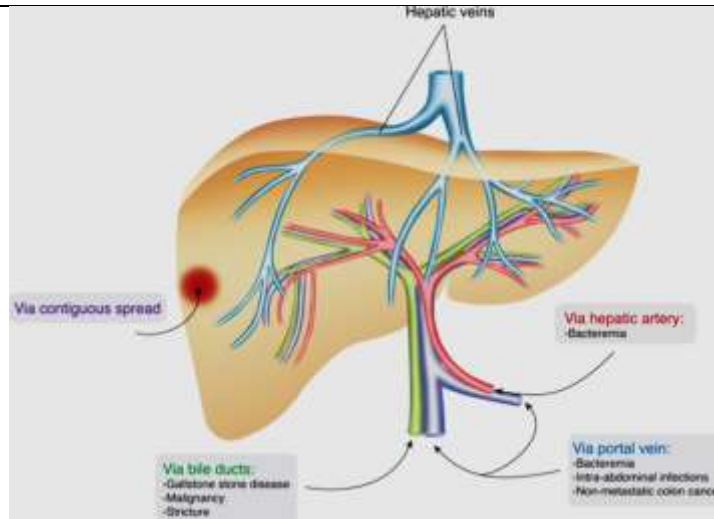


XVIII. Diseases of Liver, G. Bladder, Pancreas & Peritoneum
Liver

Pyaeic Abscesses III- 6. 3741			
Liver:	<ul style="list-style-type: none"> Shows foci of suppuration (abscesses) 		
	Abscesses:	<ul style="list-style-type: none"> Multiple Small cavities 	
		At centre:	<ul style="list-style-type: none"> Dirty yellow areas of liquefaction
		At periphery:	<ul style="list-style-type: none"> A red zone of congestion
		Outline:	<ul style="list-style-type: none"> Ragged
		Colour:	<ul style="list-style-type: none"> Dirty yellow
			
N.B.1:			
Pyaeic abscesses in the liver may be due to portal pyaemia or form part of a systemic pyaemia.			
Abscesses in the liver:			
The infection (with microorganisms) reaches the liver by:			
1. Blood stream:	<ol style="list-style-type: none"> Through the portal vein → pylephlebitis → abscesses. By the hepatic artery. 		
2. Biliary ducts:	Producing cholangitic abscesses.		
3. Extension (direct):	From neighbouring organs.		
			
Causes of:			
1. Portal vein infection	Suppurative lesions in gastro-intestinal tract: <ol style="list-style-type: none"> Rectum (common). Appendix (common). Prostatitis. Inflamed piles. Thrombophlebitis of portal vein: 		



<p>2. Hepatic artery infection</p>	<p>Septicemia from:</p> <ul style="list-style-type: none"> (a) <i>Acute endocarditis.</i> (b) <i>Acute osteomyelitis.</i> (c) <i>Suppurative otitis media.</i>
<p>3. Bile-duct infection</p>	<ul style="list-style-type: none"> (a) <i>Suppurative cholecystitis.</i> (b) <i>Ascending cholangitis.</i>
<p>4. Miscellaneous: (Lymphatics, retrograde etc....):</p>	<ul style="list-style-type: none"> (a) <i>Empyema of gall bladder.</i> (b) <i>Subphrenic abscess.</i> (c) <i>Retroperitoneal abscess.</i> (d) <i>Traumatic septic wound.</i> (e) <i>Suppuration in:</i> <i>Hydatid cyst, amoebic abscess, & tumour.</i> (f) <i>Actinomycosis.</i>
<p>N.B. 2:</p> <ul style="list-style-type: none"> • <i>Inflammatory changes in the liver include hepatitis (affecting the liver to the extent of damage and to the point of actual necrosis), pyogenic (abscesses), viral (infectious hepatitis and homologous serum jaundice) and chronic specific diseases (tuberculosis and syphilis).</i> 	
<p>1: Viral hepatitis Infectious hepatitis:</p> <ul style="list-style-type: none"> ○ Due to a filterable virus present in the stools and serum (in the early stages). ○ Commoner in males than females and between 6—40 years. ○ Incubation period = 15—35 days; mortality-rate about 0.4% <p>2: Homologous serum jaundice:</p> <ul style="list-style-type: none"> ○ Due to virus (B) or S H virus transmitted by contamination of the needle or syringe used in administration of serum or of blood; hence the term “syringe-hepatitis”. ○ Transmission is through the use of infected blood of plasma-transfusion. ○ Incubation period = 20—200 days. ○ Viral hepatitis, when not fatal, has got a characteristic microscopic picture which is more important than the gross picture. ○ The fatal type of viral hepatitis may be so severe as to simulate the picture of massive hepatic necrosis (acute yellow atrophy). ○ In the less fulminating type, the liver-findings may simulate those of subacute yellow atrophy 	

- Clinically, **the pre-icteric stage** (fever, malaise and nausea) is followed by **the icteric stage** (jaundice, weakness, gastro-intestinal disorders, light-coloured stools, dark-coloured urine and enlarged tender liver).
- The condition termed **catarrhal jaundice** is an example of the benign form of viral hepatitis occurring as sporadic cases.

Other types of hepatitis may be due to:

1. **Eclampsia** (severe toxæmia of pregnancy).
2. Infection with bacteria such as **streptococci or pneumococci**.
3. Infection with spirochaetes such as **Leptospira ictero-haemorrhagica** (Weil's disease = spirochetal jaundice).
4. Association with **disseminated lupus erythematosus** - > a form of active chronic hepatitis (**Lupoid hepatitis**).

