EP.TH.691**Necrotic Liver Abscess secondary to Duodenal Perforation caused by ingestion of a Fish Bone – A Case Report**

Shazmeen Surtee¹, Adam O'Connor¹, Mazyar Fani¹, Ahmed Hassan², Thomas Satyadas², Saurabh Jamdar²

¹Royal Albert Edward Infirmary - Wrightington, Wigan and Leigh NHS Foundation Trust, ²Manchester University NHS Foundation Trust

Introduction: Ingestion of foreign bodies are not uncommon, however enterohepatic migration of fish bones causing liver abscesses remains a rare phenomenon.

Case Report: We present the case of a 58-year-old female admitted with 11 days history of fever, rigors, shortness of breath and malaise associated with vomiting and diarrhoea. Her COVID-19 rapid antigen test was negative. She was tender in the left lower quadrant of her abdomen and inflammatory markers were markedly high so initial differential diagnosis included colitis and diverticulitis.

Contrast Computed Tomography of the abdomen and pelvis showed an 8.1cm irregular hepatic lesion initially thought to be a multi-loculated abscess, malignancy or complex cyst. She was started on broad-spectrum antibiotics, escalated to Intensive Care Unit (ICU) and discussed at the hepato-biliary multi-disciplinary team (MDT) where magnetic resonance images demonstrated a perforated duodenum from a 2.5cm fish bone penetrating from the duodenal wall into the liver parenchyma causing a necrotic abscess.

She underwent percutaneous drainage of the hepatic abscess. Endoscopic retrieval was then attempted; however, the fish bone was not visualised. Definitive management followed with laparoscopic removal of the fish bone and primary duodenal repair.

Discussion: Identification of the cause of the abscess during MDT discussion enabled prompt source control which was key in managing intra-abdominal sepsis – radiological drainage in the first instance prevented secondary peritonitis from a potentially ruptured abscess and enabled the patient to be de-escalated from ICU. Previous literature suggests endoscopic retrieval however, laparoscopic surgery remains safer for managing complications following removal of sharp foreign bodies.