

Abdominal abscess caused by acute cholecystitis

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A 54-year-old man presented with a 2-month history of painless swelling of the right abdomen that had persistent right epigastric pain radiating toward the dorsal shoulder, with no jaundice. He had a history of diabetes for 8 years and was taking metformin, a hypoglycemic drug. A clinical diagnosis of the abdominal abscess (*Figure 1A*, yellow arrow) caused by acute cholecystitis (*Figure 1A*, white arrow) was confirmed on abdominal Magnetic Resonance Imaging. Abdominal abscess

occurs infrequently as a complication of acute cholecystitis. The predisposing cause was a large amount of inflammatory exudate flowed to the right lower abdomen along the paracolic sulcus (*Figure 1B*, red arrow) in the acute phase of cholecystitis, and then formed an abscess. Diabetes could deteriorate the condition. The patient underwent surgery for drainage of the abscess. He was at follow-up for 2 months after the surgery, no residual abscess and abscess recurrence.

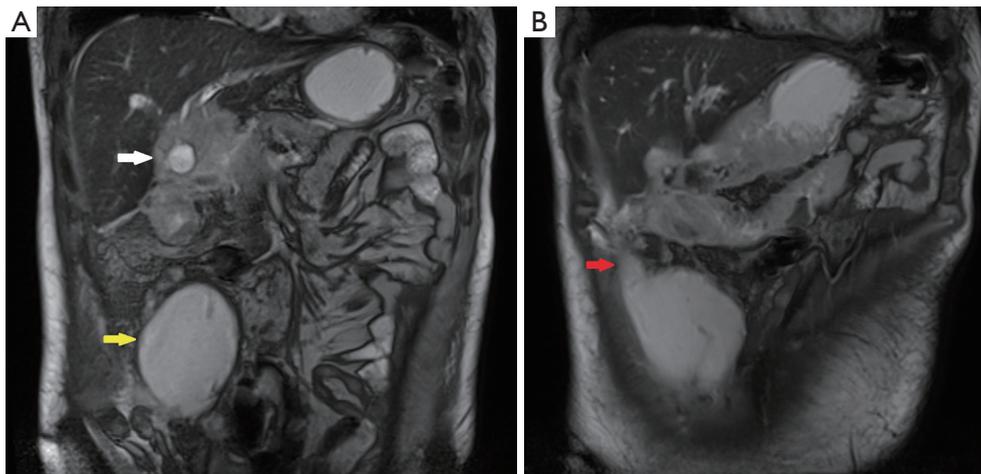


Figure 1 Magnetic resonance imaging shows acute cholecystitis and abdominal abscess. (A) Acute cholecystitis (white arrow) and abdominal abscess (yellow arrow); (B) an abscess along the right side of the paracolic sulcus (red arrow).

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Footnote

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to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.