

PNEUMOBILIA AS A HINT FOR RAPID DIAGNOSIS AND TREATMENT OF CLOSTRIDIUM PERFRINGENS IN A PATIENT WITH ACUTE LIVER AND MULTIORGAN FAILURE

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Poster

Hepatobiliary

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A 71-year-old male with acute liver failure and pneumobilia on CT scan was successfully treated for Clostridium perfringens infection following a minor gardening injury.

KEY POINTS

- Pneumobilia without recent GI endoscopy was identified as a key diagnostic clue for Clostridium perfringens infection in the setting of acute liver failure
- The patient presented with severe multiorgan dysfunction including elevated liver enzymes (AST 209 U/l, ALT 135 U/l, Bilirubin 22.1 mg/dl), highly increased LDH (915 U/l), and markedly elevated inflammatory markers (CRP 386 mg/l, PCT 19.40 ng/ml)
- Empiric treatment with Meropenem, Metronidazole, Penicillin, and Clindamycin was initiated based on clinical suspicion and later confirmed by positive blood cultures
- The patient recovered and was transferred to a regular ward after five days, with full recovery and discharge after another ten days
- This case demonstrates that rapid diagnosis and treatment are critical in Clostridium perfringens infections presenting with acute liver failure

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