

Laparoscopy-assisted Hepatic Resection in a Patient with Eosinophilic Liver Abscess by *Toxocaris Cani* Involving Liver

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The laparoscopy-assisted hepatic resection has been introduced for solitary benign or malignant hepatic tumors. We successfully had undergone left lateral sectionectomy with assistance of laparoscopy. Forty-three year old male patient was admitted for diagnosis of liver mass. Abdominal computed tomography showed a 2 cm sized single nodular tumor in segment 3 which was consistent with hepatoma. He underwent laparoscopy-assisted left lateral sectionectomy using Cavitron Ultrasonic Surgical Aspirator and Ultrasonic Shears. The patient discharged without any complications in the 8th postoperative day. The pathologic findings of nodule were consistent with the eosinophilic abscess of liver. Left lateral sectionectomy of liver can be conducted safely with assistance of laparoscopy. (J Korean Surg Soc 2003;64: 261-265)

Key Words: Laparoscopy-assisted hepatectomy, Eosinophilic liver abscess, Toxocariasis, Visceral larva migrans

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가 (1), (2), (3) (cryosurgery), 가 (microwave coagulation therapy)(4) 가 (5-12) 가 (13-15)

43 가 2 가 , 가 가 20 1 2 3 가 4 가 122/87 mmHg, 59 / , 18 / , 35.7°C WBC 9060/mm³, Hb 13.8 g/dl, Hct 40.4%, platelet 327×10³/mm³, eosinophil 6.8% (616/mm³) 가 cholesterol 166 mg/dl, total protein 7.7 g/dL, albumin 4.6 g/dl, total bilirubin 0.8 mg/dl, ALP 76 IU/L, AST/ALT 17/27 IU/L, GGT 27 IU/L 5 ng/ml HBsAg , anti-HBsAb anti-HCVAb 3 2 cm

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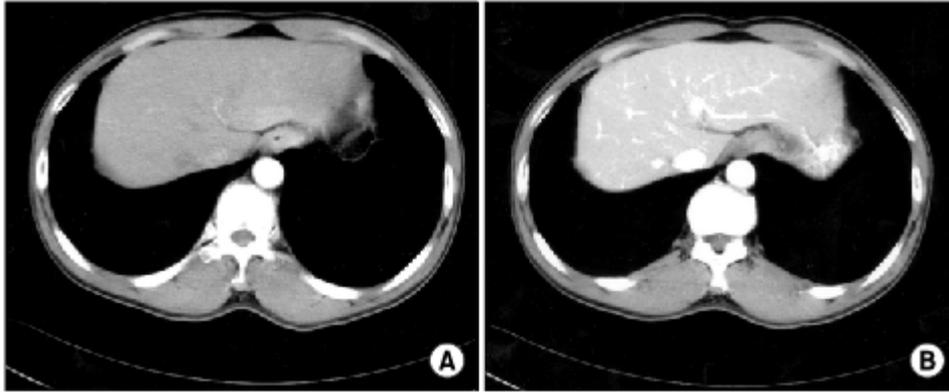


Fig. 1. Computed tomography showing 2 cm sized single lesion in segment 3 of liver. In arterial phase (A) the lesion has high attenuation without well demarcation, and in portal phase (B) the lesion has low attenuation with well demarcation.

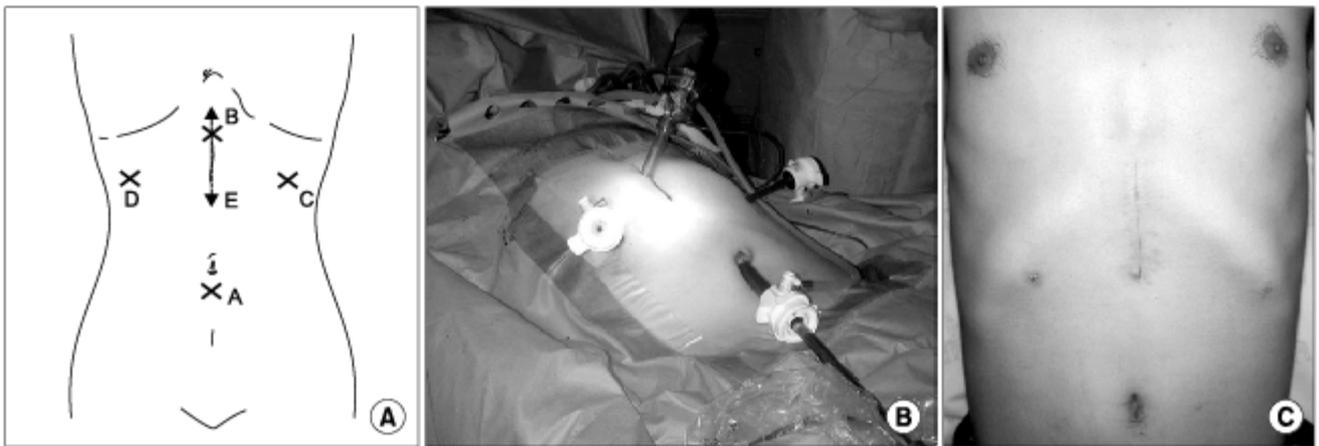


Fig. 2. A. The port insertion site illustrated. Just below the umbilicus a 10 mm trocar was inserted for camera. (A) 10 mm trocar was inserted in the midline below the xiphoid process. Two trocars were inserted in the right (10 mm) and left (5 mm) midclavicular line 2 cm below costal margin. (B) The operation field after insertion of trocars. (C) The abdominal wound scar after stitch-out.

(Fig. 1).

CUSA, 2 cm
4 3 가
8 cm
Kent, CUSA
1, 2
10 mm
10 mm
(CUSA, Cavitron Ultrasonic Surgical Aspirator, Valleylab, Colorado, USA) (Harmonic Scapel, Ethicon Endo-Surgery, Inc., Cincinnati, USA)
2 cm 5 mm 10 mm
(Fig. 2).
8 mmHg
(collateral vessels)

Pringle
14×8×4 cm 135 g
1 cm 가 가
3 cm 1.5×1.0×1.5
cm (Fig. 3). 275 가 700
ml



Fig. 3. Gross specimen. A 2 cm sized, yellowish, poorly demarcated mass is located in the liver parenchyma.

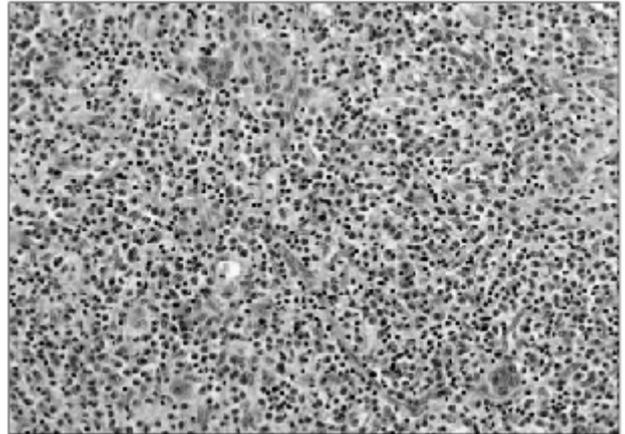


Fig. 4. Massive eosinophilic infiltration (H&E stain; x200).

4
8
(eosinophilic abscess) (Fig. 4).
ELISA (Clonorchis sinensis),
(Toxocaris canis) (Anisakis)
(albendazole) 400 mg 2

가
(18)
가 ELISA
가



Beaver (16)
(visceral larva migrans)
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가
가 Kaplan (17)
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, 2)
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