

### Liver abscesses secondary to acute cholangitis

*Abscessos hepáticos secundários a colangite aguda*

I have read with interest the article of Guimarães Filho et al. entitled “Caroli’s disease complicated with liver abscess: a case report”<sup>(1)</sup>. The authors deserve congratulations for the images quality and for reporting an interesting clinical presentation. However, I would like to suggest the possibility of the reported case being cholangiolytic abscesses (abscesses secondary to cholangitis), and not a case of Caroli’s disease complicated with liver abscesses.

According to the authors, the patient presented signs corresponding to the Charcot’s triad (fever with chills, jaundice and abdominal pain) from the symptoms onset, allowing the diagnosis of acute cholangitis.

The findings at magnetic resonance imaging initially performed in the patient might be interpreted as small cavities communicating with the biliary tract, a finding that may be observed in acute cholangitis which progresses to development of liver abscesses<sup>(2)</sup>.

On the images presented by the authors, the central dot sign (typical of Caroli’s disease<sup>(3,4)</sup>) cannot be characterized. Also, the report does not mention the concomitant presence of renal cysts which could lead to the diagnosis of Caroli’s syndrome.

The second MRI study shows larger cavities in the right liver lobe, exactly on the same site where the alterations were described at the first

study, which leads us to consider the possibility that the findings understood as small cholangiolytic abscesses visible at the first study, had coalesced to form larger abscesses.

While reiterating my compliments to the authors of the article, it is worthwhile to remember that acute infectious conditions of the biliary tract constitute events of high clinical relevance, requiring prompt action by radiologists in the diagnosis and eventually in the treatment of the disease.

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### References

1. Guimarães Filho A, Carneiro Neto LA, Palheta MS, et al. Doença de Caroli complicada com abscesso hepático: relato de caso. *Radiol Bras.* 2012;45:362–4.
2. Catalano OA, Sahani DV, Forcione DG, et al. Biliary infections: spectrum of imaging findings and management. *Radiographics.* 2009;29:2059–80.
3. Brancatelli G, Federle MP, Vilgrain V, et al. Fibropolycystic liver disease: CT and MR imaging findings. *Radiographics.* 2005;25:659–70.
4. Lefere M, Thijs M, De Hertogh G, et al. Caroli’s disease: review of eight cases with emphasis on magnetic resonance imaging features. *Eur J Gastroenterol Hepatol.* 2011;23:578–85.