

A Case of the Week

Case 431

A fifty-eight-year-old male presented with epigastric pain. He experienced epigastric pain around eight o'clock last night. He was in the meantime of administration of chemotherapy: FOLFIRI +Zaltrap for colon cancer. Medical findings revealed tenderness in the upper abdominal area. He took abdomen CT and MRI for further investigation (Figs 1-3).

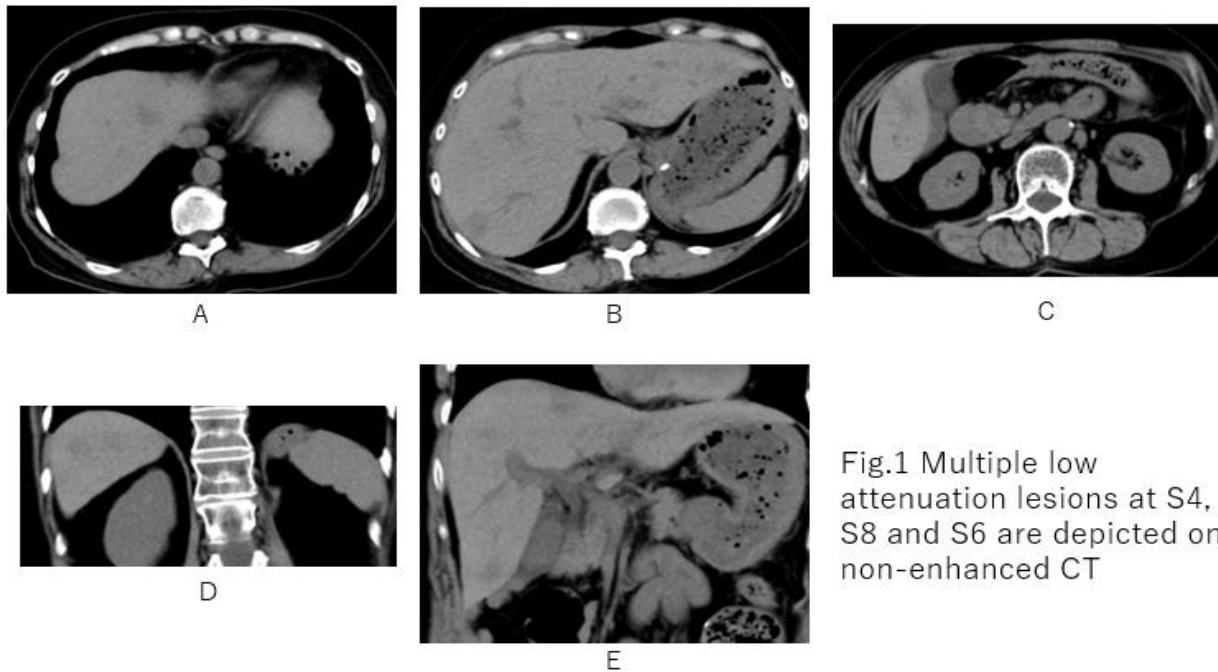
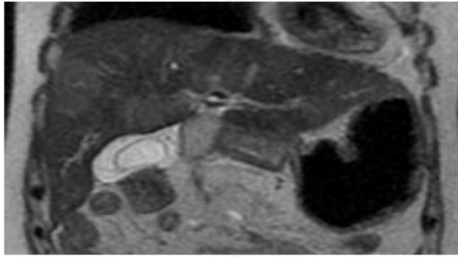
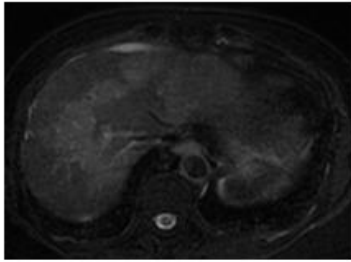


Fig.1 Multiple low attenuation lesions at S4, S8 and S6 are depicted on non-enhanced CT

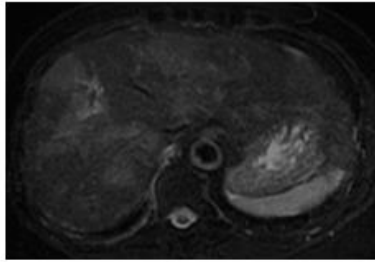


A

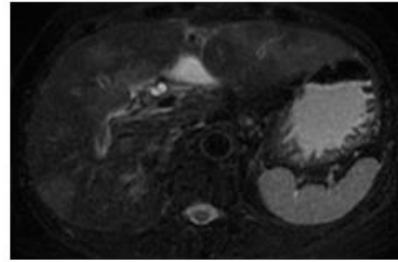
Fig.2 Multiple lesions with slight high signal intensity are depicted on coronal T2WI(A), axial fat suppression T2WI (B-D) and Diffusion WI (G). T1WI in phase (E), T1WI out of phase (F), and ADC mapping(H) depict these lesions are low signal intensity. Note that vascular traverse sign is depicted on T2WI (A) and fat suppression T2WI (B, C). Furthermore, gall bladder mural thickening is depicted on coronal T2WI. Furthermore, high signal intensity corresponded to diffusion WI, lowering ADC values of 0.354-0.791.



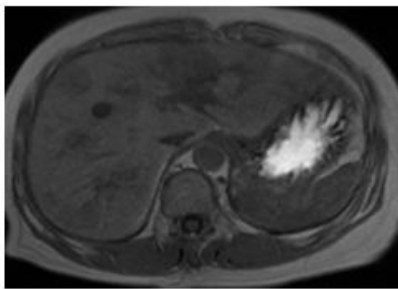
B



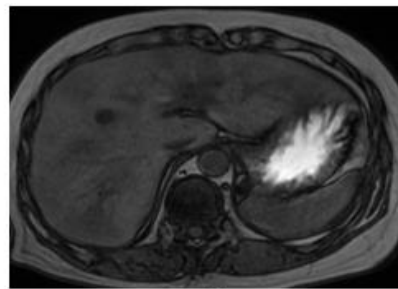
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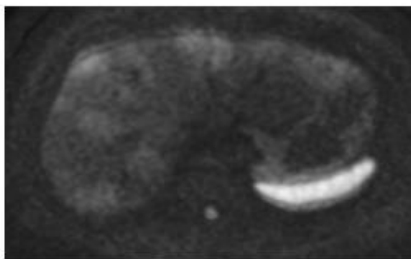
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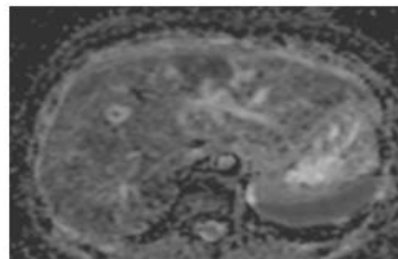
E



F



G



H

What is your medical diagnosis?

1. Metastatic liver tumors
2. Inflammatory pseudotumor
3. Drug-induced hepatitis
4. Liver abscess

answer

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