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Photo Essay

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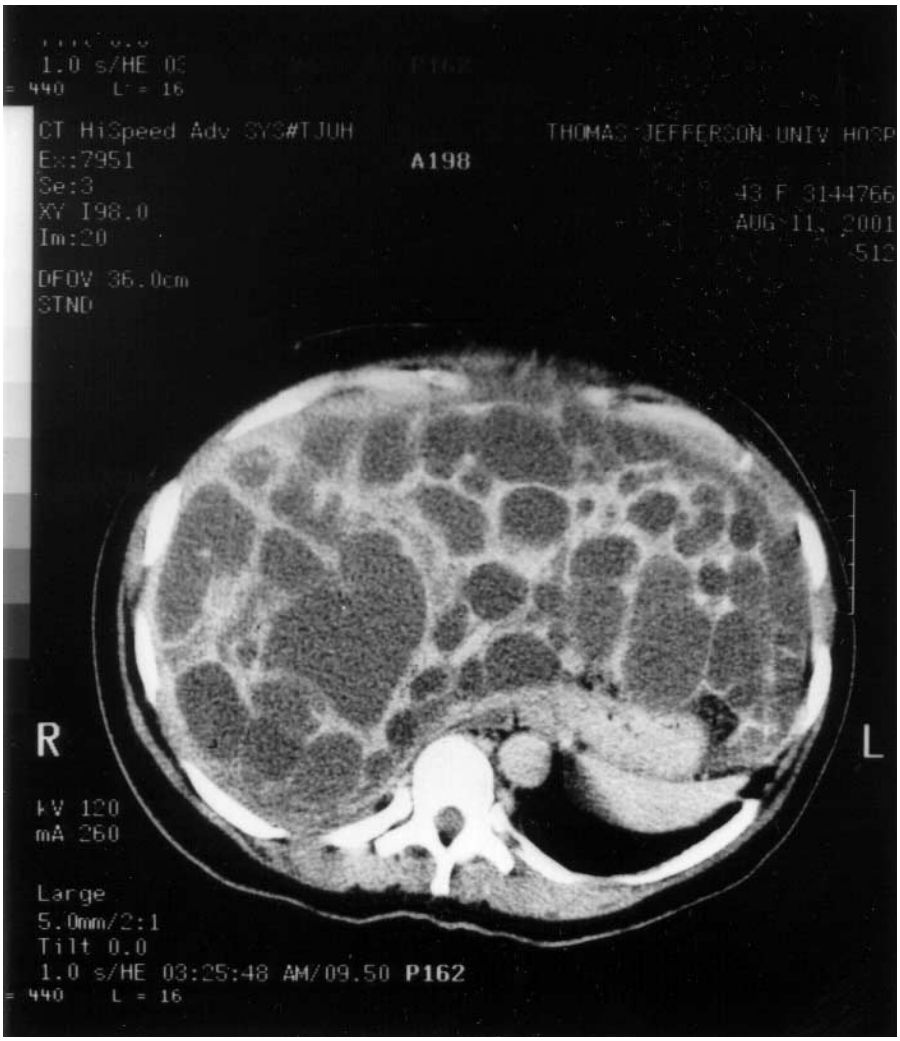

A 42 year-old African American female with no past medical history presented to Methodist Hospital emergency room with a chief complaint of increasing abdominal girth and discomfort. She reported two months of colicky type pains throughout her abdomen but no nausea, vomiting, or change in bowel habits. She had missed her last two menstrual cycles and felt that the protuberance of her abdomen was possibly due to pregnancy. She requested a pregnancy test.

Physical exam was remarkable for a distended abdomen with liver margin palpated two centimeters below the umbilicus. A pregnancy test was negative. Routine laboratory testing including chemistries, CBC, coagulation panel, and liver function studies were within normal limits. The patient subsequently received a CT scan, which showed a massively enlarged liver with multiple cysts. Interestingly, the patient had minimal cystic involvement of the kidneys.

The patient was transferred to Thomas Jefferson University Hospital for laparoscopic marsupialization of the dominant cysts.

Polycystic liver disease typically presents in the fourth to fifth decades of life. The cysts are thought to arise from a ductal plate malformation in the embryo. Cysts in the kidneys occur in 30 to 50 percent of these patients. The number and size of the cysts increase with increasing age. Remarkably, almost all patients have normal liver function.