A 65-year old gentleman came in with an initial complaint of abdominal pain for 2 days. His pain was on the left side at the level of the umbilicus, intermittent, sharp and non-radiating, 10/10. He associated the pain with deep coughing and deep breaths and was not relieved with ibuprofen. His past medical history includes hypertension, surgery was called for suspected acute abdomen and subsequently a computed tomography (CT) scan of abdomen was done with oral contrast which showed a cyst protruding from the liver juxtaposed to the abdominal viscera (Figure 1). Interventional radiology was called to drain the cyst and subsequent to the procedure the patient’s pain was relieved. The abdominal pain was explained by an impressive CT scan for a patient who had no diagnosis of polycystic kidney disease (PKD) with extra renal manifestations.

Polycystic liver disease (PLD) is very rare, affecting <0.01% of the population.\(^1\) About 20% present with abdominal pain, but presentation as an acute abdomen is rarely seen.\(^1\) In patients with PKD when cysts become infected or cause severe symptoms IR guided puncture and drainage has been proven to be effective as a bridge for nephrectomy.\(^2\) The ultimate cure for PLD is liver transplant but IR guided drainage can also help these patients to achieve symptomatic relief until transplant.\(^1,3,4\)

Our patient had newly diagnosed PKD, PLD and presented as an acute abdomen. Interventional radiology did relieve the pain and surgery including transplant will be part of future discussions with IR as a bridge for symptomatic treatments.

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References