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(1).

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(1).

(2),

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(3-5).

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**Fig. 1.** A foreign-body abscess in a 52-year-old woman. A large bilobate low density mass is seen, in the perihepatic space, compressing the liver on enhanced CT scan. See the inhomogeneous internal high density. Cholecystectomy has been performed 7 years ago.

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52

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17 × 9 cm  
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가 (Fig. 1, 2),

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**Fig. 2.** A “whirl-like appearance” is well demonstrated in the mass on CT scan of lower level than Fig A.

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(2, 3).

(fecal fistula)

(whirl - like appearance)

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(3).

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(5).

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## Perihepatic Foreign Body Abscess mimicking a Ruptured Hepatic Tumor: A Case Report<sup>1</sup>

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The most common surgically retained foreign body is t506e laparotomy sponge, and since cotton sponges are inert, they do not undergo any specific decomposition or biochemical reaction. Pathologically, however, two types of foreign body reaction occur: either type there is an aseptic fibrinous response that creates adhesions and encapsulation, resulting in a foreign-body granuloma, or the response is exudative in nature and leads to abscess formation with or without secondary bacterial invasion. We describe the case of a 52-year-old woman with a past history of cholecystectomy in whom a foreign-body abscess mimicked a hepatic tumor.

**Index words :** Peritoneum, abscess  
Foreign bodies

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