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Clinical picture

CLINICAL PICTURE

Honeycomb liver in Wilson's disease

An 8-year-old male with jaundice for 3 years and acute liver failure presently showed hepatomegaly, icterus and Kayser-Fleischer ring. Total serum bilirubin (32.7 mg/dl) and direct serum bilirubin (16.55 mg/dl) levels were increased. Serum ceruloplasmin level was low (13 mg/dl) and urine copper level was increased (9505 μg/dl). Non-enhanced computed tomography showed multiple innumerable hyperdense nodules and honeycomb appearance of liver on gray scale and color-coded images (Figure 1A and B), closely resembling a honeycomb. There was no discernible enhancement of these nodules on contrast enhanced images. These characteristic clinical, laboratory and imaging features led to diagnosis of Wilson's disease (WD), a rare autosomal-recessive disorder of copper metabolism. It occurs due to deficient biliary copper excretion with copper accumulation in the liver, brain, cornea and kidney.[1–3] Classical non-contrast CT findings of cirrhotic liver in WD are multiple hyperdense regenerative nodules surrounded by hypodense septa and honeycomb appearance.[2] This patient underwent liver transplantation.

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Conflict of interest. None declared.

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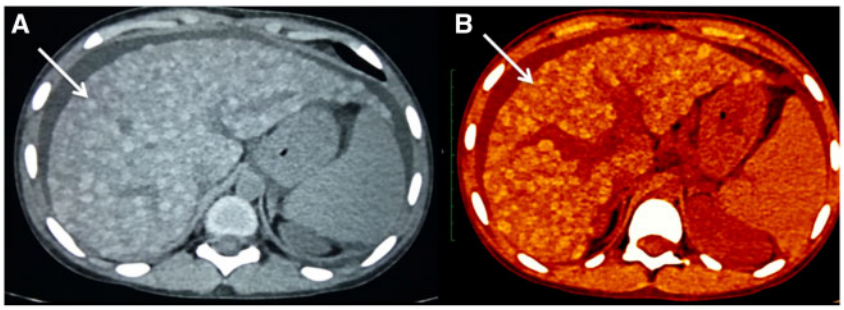

Figure 1. Non-enhanced axial CT gray scale image (**A**) shows multiple innumerable hyperdense nodules and honeycomb appearance of liver. Color-coded image (**B**) shows multiple bright nodules and honeycomb appearance of liver.