A 45-year-old man presented to our hospital with complaints of fever and pain in the right upper quadrant for one month. His blood work-up revealed increased erythrocyte sedimentation rate (ESR), leucocytosis and marked eosinophilia. He gave history of eating raw meat. Ultrasonography (US) and computed tomography (CT) were performed. US showed multiple heterogeneously hyperechoic lesions in the right lobe of liver (Fig. 1). CT showed small multiple low-density areas up to 15 mm located mainly in the periportal region in the right lobe of liver with associated hepatomegaly (Fig. 2). Aspiration from the lesion revealed Charcot-Leyden crystals and sheets of eosinophils. Serology for *Toxocara canis* was strongly positive. The diagnosis of visceral larva migrans (VLM) was made. He was successfully treated with antihelmintic therapy using tiabendazole and diethylcarbamazine citrate.

VLM is used to describe migration of second-stage larvae of nematodes, especially *Toxocara canis*, through tissues of human viscera [1]. Following ingestion of infective eggs from soil or of larvae in uncooked tissues of animal host, larvae are released in the intestine, enter the portal flow and reach the liver. The living or dead larvae form abscesses or granulomas. Other sites, which are affected, are lungs, eye, heart, and brain.

Figure 1 Ultrasonography (US) of 45-year old male with visceral larva migrans. US demonstrating multiple heterogeneously hyperechoic lesions in the right lobe of liver (white arrow).

Hepatic involvement of VLM is common due to portal venous drainage of visceral organs. Imaging manifestations of the liver in VLM are similar to those of granulomas [2,3]. Hence, imaging appearance depends on the stage or activity of the underlying disease. CT may show multiple ill-defined,
Figure 2  CT of 45-year old male patient with visceral larva migrans. a and b: CT showing small multiple low-density areas located mainly in the periportal region in the right lobe of liver (arrow) with associated hepatomegaly.

confluent, low-attenuating nodules located mainly in periportal or subcapsular regions, on portal venous phase images of CT [2,3]. These appearances may be confused for malignancy or metastatic disease. We need to be aware of this entity, when patient presents with fever, hepatomegaly with persistent eosinophilia. VLM should be included in the differential diagnosis of multiple liver nodules in a patient with eosinophilia.

Conflict of interest statement

The authors declare that there are no conflicts of interest.

References