Background Hepatic abscess typically presents with nonspecific symptoms which contribute to late diagnosis and treatment, hence complicated course and outcome. Determining the factors affecting complications and outcome among children with hepatic abscess can help improve the management of these patients. The objective is to determine the clinical profile of children with hepatic abscess and the factors affecting their complications and outcome.

Methods This is a retrospective cohort study. Chart review was done in December 2016 among children 0 to <19 years old with a diagnosis of a hepatic abscess on imaging from 1997–2015. Demographic, clinical and diagnostic data gathered were correlated with the outcome and complications.

Results Thirty cases were identified in 19 years, but only 25 charts were reviewed. Mean age in years was 5.27 ± 4.80 SD with male predominance. Fever (96%) and abdominal pain (60%) were common symptoms with *Staphylococcus aureus* (56%) as the most frequent growth on hepatic abscess culture. Anaemia (76%) and leukocytosis (96%), as well as solitary (76%), large abscesses >5 cms (60%) involving the right lobe (72%), were also common. Most were treated with antibiotics alone (60%). All patients improved without mortalities, while pleural effusion (67%) was a commonly seen complication. Only male gender was significantly associated with complications both on Chi-square (p = 0.004) and logistic regression (p = 0.008).

Conclusions Hepatic abscess is common among the young and male population, manifesting as fever with anaemia and leukocytosis, and *Staphylococcus aureus* commonly growing on hepatic abscess culture. Most were complicated by pleural effusion with no deaths reported. Male gender had a significant association with complications.

Background There is no consensus approach to the decision-making regarding suitability for liver transplantation (LT) in patients with hepatocellular carcinoma (HCC). Positron emission tomography-computed tomography using 18F-fluorodeoxyglucose (FDG PET/CT) has been found to provide helpful information for determining post-LT prognosis in HCC patients. We aimed to assess the performance of FDG-PET/CT for detection of metastatic disease or other malignancy in potential liver recipients with HCC.

Methods This retrospective study included 423 adult liver transplant candidates with HCC who underwent both FDG-PET/CT and conventional imaging studies such as chest-abdomen-pelvis CT examinations and bone scintigraphy, together with upper and lower gastrointestinal endoscopy, as pre-transplant workup. The diagnostic performance of FDG-PET/CT was quantitatively evaluated by the calculation of sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV).

Results Out of the 423 patients, 338 (79.9%) were male with a median age of 55 years (54.03–55.43). In terms of extrahepatic evaluation, FDG-PET/CT detected a total of 163 lesions in 142 patients, which consisted of 132 benign and 31 malignant-looking lesions. The number of lesions suspicious for metastatic HCC was initially 24. Among the 17 metastases, 4 were suspected to be a metastatic focus only by FDG-PET/CT, not by conventional scanning. All 2 cases of colorectal cancers diagnosed by sigmoidoscopic screening were detected on neither FDG-PET/CT nor abdomen/pelvis CT images. False-positive FDG-PET/CT results were identified in 12 patients with benign lesions. No false negative errors occurred in FDG-PET/CT, while 1.2% in conventional studies. Taken together, the performance of FDG-PET/CT in detecting metastatic or primary cancer in our series was measured with a sensitivity of 90.48%/89.47%, specificity of 97.04%/97.04%, PPV of 61.29%/62.96%, and NPV of 99.49%/99.49% on per-lesion/per-patient basis.

Conclusions Our results indicate that whole-body FDG-PET/CT, when coupled with the colonic examination, is effective for identification of extrapathic disorders before LT in patients with HCC and may fully replace multiple organ-specific imaging tests.