The following is the case of a 61-year-old man who had a liver transplant due to alcoholic liver disease in February 2011. He presented with a two-week history of fever and diarrhea, with continuous hypotension and with no additional pathological products. Laboratory tests showed the presence of leukocytosis, a marked increase of transaminases and deterioration of liver function. An abdominal CT scan revealed a complete arterial thrombosis of the liver transplant with a massive hepatic abscess of the left hepatic lobule with extension to the anterior segment of the right lobule and bilateral pneumobilia. This was evacuated successfully awaiting a liver retransplant (**Fig. 1**).