

Giant Hepatic Hematoma after Endoscopic Retrograde Cholangiopancreatography (ERCP): A Rare Etiology of Hemorrhagic Shock

Ruiz de Santaquiteria-Torres, Valentín¹*, López-García, Laura² and Valiente-Fernández, Marcos²

¹Department of Intensive Care Unit, Guadalajara University Hospital, Guadalajara, Spain

²Trauma and Emergency Intensive Care Unit, Doce de Octubre University Hospital, Madrid, Spain

***Corresponding author:**

Ruiz de Santaquiteria-Torres, Valentín,
Department of Intensive Care Unit, Guadalajara
University Hospital, Guadalajara, Spain.

Received: 26 Feb 2024

Accepted: 06 Apr 2024

Published: 12 Apr 2024

J Short Name: JJGH

Copyright:

©2024 Ruiz de Santaquiteria-Torres, Valentín, This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Citation:

Ruiz de Santaquiteria-Torres, Valentín. Giant Hepatic Hematoma after Endoscopic Retrograde Cholangiopancreatography (ERCP): A Rare Etiology of Hemorrhagic Shock. J Gastro Hepato. 2024; V10(9): 1-2

1. Clinical Image

A 38-year-old bile prosthesis bearer, not anti-coagulated nor anti-aggregated, was subjected to an ERCP to move it away. A hard-working procedure was made so multiple attempts were needed. After it, the patient felt right lumbar pain and hemoglobin fall, developing hemorrhagic shock and requiring orotracheal intubation, blood components transfusion and use of vasopressors.

An abdominal CT was performed (Figure 1), realizing a hepatic subcapsular hematoma with multiple places of blood leakage. Consequently, a hepatic arteriography was carried out (Figure 2A and B), confirming multiple bleeding points comprising the right liver lobe.

Due to the multiplicity of leakage spots, an endovascular embolization was done with microparticles, achieving a successful angiography and clinical results (discharged from ICU 48 hours after the bleeding ceased).

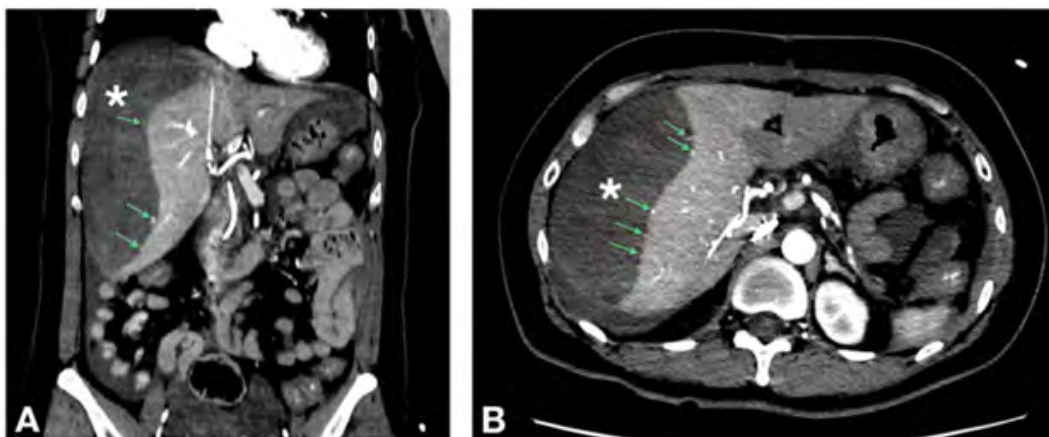


Figure 1: Coronal (A) and axial (B) reconstruction of abdominopelvic CT showing a huge subcapsular hepatic hematoma (white asterisks) with multiple blood leakage points (green arrow).

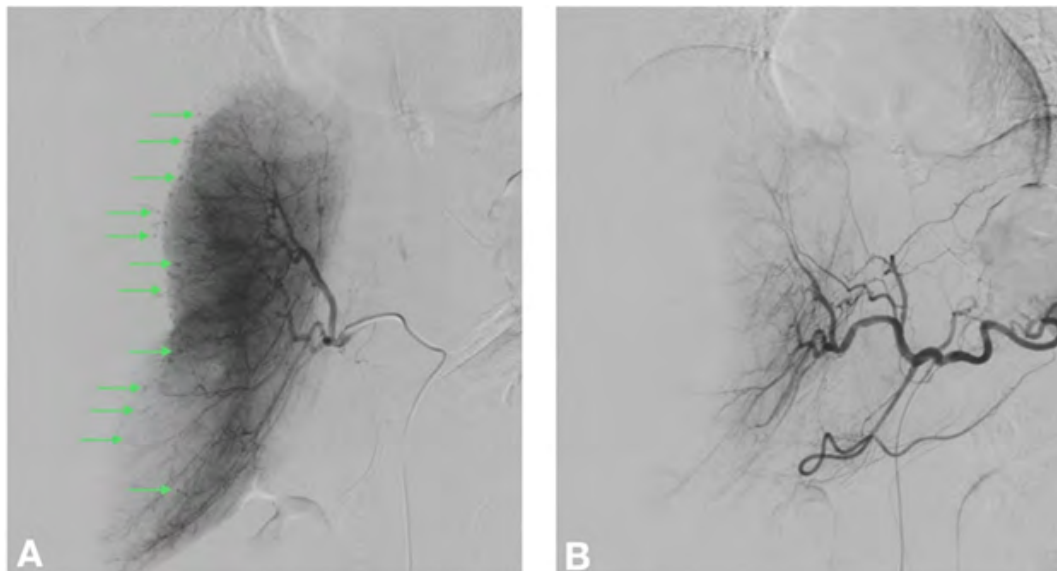


Figure 2: A) Liver arteriography confirming countless peripheric active bleeding points (**green arrows**) affecting the right liver lobe. **B)** Successful result of selective embolization from the right liver artery with micro-particles, showing no active bleeding at all.

2. Ethical Statement

The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committees and with the Helsinki Declaration (as revised in 2013). Consent to writing and publishing this case report was obtained from the patient.