

HAEMOBILIA AND COMMON BILE DUCT OBSTRUCTION: A RARE COMPLICATION FOLLOWING LIVER BIOPSY

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Introduction

- Ultrasound-guided liver biopsy is a common procedure in daily medical practice.
- The potential complications include abdominal pain, hemorrhage, pneumothorax, etc.
- Haemobilia and biliary obstruction are rare and scarcely described in the literature.
- They usually develop when abnormal communication between hepatic vessels and the biliary tract occurs.
- Patients with haemobilia could present with a classic triad of upper gastrointestinal (GI) bleeding, abdominal pain, and jaundice (only present in 30-40% of the cases).
- We present a case of common bile duct obstruction due to a blood clot following a liver biopsy.

Introduction

- 83-year-old female with a history of cholecystectomy, breast cancer with new hepatic metastases s/p recent liver biopsy for immunohistochemical studies, presented to the emergency department with right upper quadrant abdominal pain and nausea.
- Her symptoms started soon after a liver biopsy (ten days prior) and progressively got worse. She also reported darker urine in the past few days.
- On admission, liver function tests (LFTs) revealed ALP 444 U/L, AST 789 U/L, ALT 853 U/L, and Total bilirubin 3.5MG/DL (all were normal before the biopsy).
- CT scan of the abdomen showed a dilated common hepatic duct measuring 1.3 cm with diffuse high attenuation material within the mid/distal common bile duct.
- Endoscopic retrograde cholangiopancreatography (ERCP) revealed a single floating filling defect consistent with a blood clot in the common bile duct.
- A sphincterotomy was performed, and the blood clot was removed with multiple sweeps.
- Serial LFTs showed significant improvement - ALP 169 U/L, AST 33 U/L, ALT 22 U/L, total bilirubin 0.7 MG/DL, and her abdominal pain resolved.

Discussion

- Complications of liver biopsy are rare but potentially life-threatening.
- Among the various causes of haemobilia, iatrogenic is the most common.
- Patients with haemobilia can develop acute cholecystitis, pancreatitis, and/or biliary obstruction due to blood clots.
- For gastroenterologists and surgeons, recognizing haemobilia as a potential cause of biliary obstruction, particularly in patients with recent hepatobiliary procedures, is critical.
- Notably, the absence of the classic triad of haemobilia—upper gastrointestinal bleeding, abdominal pain, and jaundice—can delay diagnosis.
- In this case, ERCP served as a crucial tool for both diagnosis and treatment, confirming the presence of a blood clot in the CBD and enabling its removal through sphincterotomy and balloon sweeps.
- The patient experienced rapid symptomatic and biochemical improvement following the procedure.
- This case also underscores the versatility of ERCP in managing complex biliary obstructions. When standard endoscopic maneuvers are insufficient, adjunctive techniques such as local infusion of thrombolytic agents may be required to dissolve persistent clots .