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Summary

HAEMOBILIA FOLLOWING PERCUTANEOUS LIVER BIOPSY - A RARE INDICATION FOR ERCP

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Hepatobiliary

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A case report describes successful management of haemobilia with biliary obstruction following percutaneous liver biopsy using endoscopic retrograde cholangiopancreatography with clot extraction.

KEY POINTS

- A 34 year old female developed haemobilia after ultrasound guided percutaneous liver biopsy, initially presenting with intracapsular haemorrhage managed conservatively
- The patient re-presented within 48 hours with worsening jaundice, severe abdominal pain, hyperbilirubinaemia of 153 umol/L, and bile duct dilation with a 7 mm by 24 mm blood clot obstructing the lower common bile duct
- Urgent ERCP with sphincterotomy and balloon extraction of the clot achieved complete biliary clearance with resolution of duct dilation and normalisation of liver function tests by the next day
- Haemobilia is a rare complication of percutaneous liver biopsy with incidence less than 1%, typically managed conservatively or with transcatheter arterial embolization, though ERCP proved effective for biliary decompression in this case
- This case may be relevant to gastroenterologists and hepatologists managing complications of liver biopsy procedures

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