

Case	(319) Unusual presentation of post-infectious hepatic artery pseudoaneurysm
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CASE PRESENTATION

. We report a case of hepatic artery pseudoaneurysm caused by complication of acute bacterial cholangitis by *Escherichia Colli* associated with septic shock in a 57-year-old Spanish woman.

The woman initially presented with epigastric abdominal pain. After conservative management, her symptoms seemed to have improved. But two days after admission, abdominal pain abruptly became worse again, high fever persisting for more than 24 h and hypotension .

The patient a history of cholecistectomy and appendectomy. On admission, her blood pressure was 67/48 mmHg, pulse rate was 87/min, and body temperature was 39.1 °C. Abdominal examination revealed right upper quadrant tenderness with hepatomegaly.

Laboratory data on admission were as follows: white blood cell count 24080/uL with 90.8% increase in neutrophils; hemoglobin 12.7 g/dL; hematocrit 37.1%; platelet count 121000/uL; international normalized ratio (INR) 1.37, alkaline phosphatase 253 U/L, total bilirubin 4.6 g/dL, Alanine aminotransferase (ALT) 288 U/L, Aspartate aminotransferase (AST) 220 U/L, Gamma-glutamyl transferase 288 U/L, amylase 20 U/L.

DISCUSSION

Abdominal computed tomography (CT) detected minimal intrahepatic biliary dilatation, hepatic subcapsular hematoma and left hepatic artery pseudoaneurysm.

The emergency treatment of choice was selective transcatheter embolization of the left hepatic artery. Angiogram showed a large left artery hepatic with active bleeding. There was no communication with the aneurysm in the final angiogram. The empiric antibiotics should of choice was piperacillin-tazobactam.

The patient showed good recovery and had an uneventful subsequent hospital stay and discharge. Hepatic artery pseudoaneurysm is a very rare disease but in cases of complication, there is a very high mortality.

We present a case of hepatic subcapsular hematoma and hepatic artery pseudoaneurism caused by complication os acute bacterial cholangitis , which was managed by an emergency coil embolization of the left hepatic artery.

CONCLUSION

The case demonstrates the importance of early recognition and the efficacy of emergency coil embolization in such cases.



BIBLIOGRAPHY

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