A 76-year-old woman, who was receiving anticoagulation for atrial fibrillation, was referred to our center for management of a common bile duct stone diagnosed by endoscopic ultrasonography. Anticoagulation was suspended and endoscopic retrograde cholangiopancreatography (ERCP) was subsequently performed. Cannulation of the main bile duct with a 0.035-inch guide wire was achieved without complications. Endoscopic biliary sphincterotomy was performed and stone extraction with a Fogarty catheter was achieved successfully, without apparent complications. Subsequently, the patient developed sharp right upper quadrant pain 6 hours after the procedure, but showed no signs of hemodynamic instability, and laboratory data did not show any evidence of complications. By 24-hours after the procedure, she was asymptomatic and was discharged after the reintroduction of anticoagulation.

The patient consulted again 5 days later because of persistent pain. Abdominal examination elicited mild right upper quadrant pain without tenderness. Laboratory data showed hemoglobin 9.6 g/dL (normal range 12–15 g/dL) and hematocrit 30.7 % (normal range 36–41 %). Computed tomography showed two high-density collections consistent with hematomas within the subdiaphragmatic and subhepatic spaces (Fig. 1). The patient was managed conservatively. Anticoagulation was discontinued and a broad-spectrum antibiotic (piperacillin–tazobactam) was administered. The patient was discharged 15 days after the ERCP, without any further complications.

Subcapsular hepatic hematoma is a rare complication of ERCP. There are few published reports of this unusual complication [1–10], which may be explained by accidental puncture of the intrahepatic biliary tree by the guide wire. In this case, the patient probably developed an initial hematoma 6 hours after the procedure, which worsened because of the resumption of anticoagulation.

From the literature [1–10] (Table 1), there is unanimous concern about the risk of infection in these patients, and in all cases, except two where no detail was given, patients were treated with anti-

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<th>Table 1 Patient characteristics from the reports of hematoma post endoscopic retrograde cholangiopancreatography (ERCP).</th>
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<td><strong>Age/ Sex</strong></td>
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<td>Ortega et al. 2000 [1]</td>
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<td>Horn et al. 2004 [2]</td>
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<td>Chi et al. 2004 [3]</td>
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<td>Priego et al. 2007 [4]</td>
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<td>Petit-Laurent et al. 2007 [5]</td>
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<td>Bhati et al. 2007 [6]</td>
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<td>McArthur et al. 2008 [7]</td>
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<td>De la Serna et al. 2008 [8]</td>
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<td>Cárdenas et al. 2008 [9]</td>
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<td>Revuelto et al. 2010 [10]</td>
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</table>

M, male; F, female; NA, details not available.
biotics. Most of the patients including our own (6/11) were observed; three were treated by percutaneous drainage; and one each by embolization and surgery. There were no long term complications.

Competing interests: None

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