Hemorrhagic complications following endoscopic retrograde cholangiopancreato
graphy (ERCP) are generally manifest as gastrointestinal hemorrhage, and pub-
ished studies report an incidence of 0.8% to 4% [1,2].
Intrahepatic bleeding as a complication of ERCP has not been reported previously,
although guide wire perforation of the biliary tree resulting in intrahepatic bilo-
mata and intraperitoneal bleeding from gastroduodenal, pancreatoduodenal, and
hepatic arteries has been described [3–5]. This case illustrates an unreported
complication of ERCP resulting in significant morbidity.
A 51-year-old female presented with right-sided abdominal discomfort, and
tender hepatomegaly extending to the right iliac fossa 3 months after an ERCP
for a retained common bile duct stone and jaundice. Following duct cannulation
and contrast injection, a tracer guide wire was maneuvered past the stone, and a
1 cm sphincterotony was carried out, and the stone retrieved following a single
balloon trawl. The patient had normal hematological and clotting parameters. Fol-
lowing the procedure the patient devel-
oped right upper abdominal pain and col-
lapsed requiring intensive resuscitation.
Hyperamylasemia was absent. An urgent
computed tomography (CT) scan revealed
a large collection (10 × 13 cm) consistent
with a hematoma within the lateral infer-
rior aspect of the right lobe of the liver. Ultrasound-guided drainage of
blood was performed with a pigtail cath-
eter. Ultrasonographic monitoring was
performed at 1 and 3 months, revealing
an increase in size of the hematoma from
17 × 15 × 9 cm to 23 × 18 × 16 cm serially.
Contrast-enhanced CT was performed and
showed the lesion to be entirely in-
trahepatic ( Figure 1). Under ultrasound
guidance, 5600 ml of bile-free liquid he-
moma was drained percutaneously,
with successful resolution at 3 months of
follow up. This case was managed suc-
cessfully using a percutaneous drainage;
however, this approach does raise the
possibility of further hemorrhage follow-
ing drainage, and is only recommended
where facilities for embolisation and sur-
gery exist.

Endoscopy_UCTN_Code_CPL_1AK_2AC
Endoscopy_UCTN_Code_CPL_1AK_2AD
Endoscopy_UCTN_Code_CPL_1AK_2AF

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References
1 Ong TZ, Khor JL, Selamat DS et al. Compli-
cations of endoscopic retrograde cholangiog-
raphy in the post-MRCP era: a tertiary cen-
ter experience. World J Gastroenterol 2005;
11: 5209–5212
2 loperfido S, Angelini G, Benedetti G et al. Ma-
ajor early complications from diagnostic and
therapeutic ERCP: a prospective multi-
centre study. Gastrointest Endosc 1998; 48: 1–
10
3 Boujoude J, Pelletier G, Fritsch J et al. Man-
gement of clinically relevant bleeding fol-
lowing endoscopic sphincterotomy. Endos-
copy 1994; 26: 217–221
4 Liu TT, Hou MC, Lin HC et al. Life-threatening
hemobilia caused by hepatic artery pseudo-
aneurysm: a rare complication of chronic
cholangitis. World J Gastroenterol 2003; 9:
2883–2884
5 Al-Jeroudi A, Belli AM, Shorvon PJ. False an-
eurysm of the pancreaticoduodenal artery
complicating therapeutic endoscopic retro-
grade cholangiopancreatography. Br J Radi-
ol 2001; 74: 375–377

Bibliography
Endoscopy 2007; 39: E150
© Georg Thieme Verlag KG Stuttgart · New York ·
ISSN 0013-726X

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Figure 1  Large sub-
capsular intrahepatic hematoma after endo-
sscopic retrograde cholangiopancreato-
graphy.

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