

中文題目：肝動脈瘤破裂引起併發膽血症

英文題目：Haemobilia caused by ruptured hepatic artery aneurysm

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## Introduction

Haemobilia refers to bleeding from and/or into the biliary tract and is an uncommon but important cause of gastrointestinal hemorrhage. The most common causes of haemobilia are iatrogenic, traumatic, and neoplastic. Hepatic artery pseudoaneurysms account for nearly 10% of haemobilia cases. Here, we presented a case of haemobilia from hepatic artery pseudoaneurysm rupture associated with a biliary stent complication.

## Case Presentation

The 57 years-old-male was a retired worker with a history of hypertension and rheumatoid arthritis. He had admitted to our hospital for elective laparoscopic cholecystectomy about 2 weeks ago. This time, the patient was admitted due to fever with right upper quadrant dull pain for 2 days. The abdominal computer tomography (CT) showed a large biloma with one common bile duct stone. Cholangiogram demonstrated a filling defect in the common bile duct and bile leakage into the biloma. Endoscopic retrograde cholangiopancreatography ERCP was performed with stone extraction with biliary stent (10Fr,9cm) insertion. One week after the procedure, the patient had acute onset of abdominal pain, hypotension, and hematemesis. Esophagogastroduodenoscopy found much fresh blood in second portion of duodenum. Abdominal sonography showed hyperechoic lesion at biloma area and suspect with haemobilia. CT angiography found middle hepatic artery aneurysm with active bleeding. Transarterial embolization was performed smoothly. The coils were placed distal and proximal to the aneurysm and then bleeding stopped later. After clinical condition improved, the patient was discharged.

## Discussion

Haemobilia was an uncommon source of bleeding resulting from a communication between the vascular and biliary systems. Many factors were associated with haemobilia, including aneurysms of the hepatic artery. In this case, we suspect that biliary stent may cause local inflammation and friction to hepatic artery and further cause pseudoaneurysm formation. It was complicated with haemobilia from the ruptured aneurysm. Angiography remains the most accurate modality of diagnosis with

the sensitivity of 90%. Treatment modalities include embolization, reconstructive surgery or ligation. In summary, we report a case of hepatic artery pseudoaneurysm associated with a biliary stent and successfully treated by embolization.