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-
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.

Endoscopy_UCTN_Code_TTT_1AU_2AC

Competing interests: None

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Endoscopy 2011; 43: E164 – E165
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