

## Letters to the Editor

### Hepatic subcapsular hematoma: a rare late complication after ERCP

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*Key words: Complication of ERCP. Hepatic subcapsular hematoma.*

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Dear Editor,

The ERCP allows making the diagnosis and treatment of the choledocholithiasis with a success index of around 93%, a 1% mortality rate, and a 6-15% morbidity rate. The most common complications are: pancreatitis, duodenum perforation, hemorrhage and cholangitis (1). The hepatic subcapsular hematoma is a rare complication (2).

#### Case report

An 83-year-old man presented at the emergency room complaining about continuous abdominal pain in the right hypochondrium. Fifteen days earlier, this patient had required an ERCP in another hospital due to an episode of choledocholithiasis and cholangitis.

A computed tomography (TC) was done, which showed a hematic subcapsular collection without active bleeding (Fig. 1). The patient remained clinically stable during hospitalization, with mild anemia, and without bleeding in the TC.

#### Discussion

The etiopathogenesis of this lesion is a hepatic parenchyma injury through bile ducts perforation of intrahepatic bile ducts

with the metallic guide or with other accessories introduced in the biliary tract, or due to forced extraction of Fogarty balloon inflation, which results in bleeding and subcapsular accumulation (3,4).

Sixteen hepatic subcapsular hematoma cases have been described after ERCP in the inspected literature. In most of cases, it was an early complication, which appeared within the first 48 hours (3-5). The present case is the second one of subcapsular hematoma appeared after more than a week which has been published so far.

Conservative management is recommended, with measurement support and antibiotic prophylaxis to avoid superinfection.



Fig. 1. Coronal section showing liquid collection located in segments IV and VIII, compatible with hepatic subcapsular hematoma.

In case of active bleeding and hemodynamic instability, mainly arterial embolization has been done by interventional radiology (3,4) and hemostasis via laparotomy (3).

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