

Title:
**A post-endoscopic retrograde
cholangiopancreatography subcapsular
hepatic hematoma**

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A post-ERCP subcapsular hepatic hematoma

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Key words:

Dear Editor,

With regard to the case published by Del Moral Martínez et al. (1), we would like to report a recent clinical case in our center. Endoscopic retrograde cholangiopancreatography (ERCP) is a minimally invasive technique with a low complication rate. A subsequent hepatic hematoma is an exceptional occurrence (1-3).

Case report

Recently, a 43-year-old cholecystectomized patient underwent an ERCP due to choledocholithiasis. Some hours after the procedure, the patient experienced abdominal pain in the right upper quadrant and anemia. An abdominal computed tomography (CT) showed a subcapsular hepatic hematoma of 16 x 7 x 16 cm that compressed and displaced the hepatic parenchyma towards the midline (Fig. 1). Angio-TC was subsequently performed without contrast extravasation.

Due to the clinical stability and the absence of active bleeding, the patient was managed conservatively and monitored in the Intensive Care Unit (ICU), where she remained hemodynamically stable. After ten days, a control CT identified a persistent collection. A percutaneous drainage was consequently performed and 1,000 ml of

blood content were extracted. The evolution was favorable and the patient was discharged 12 days later. However, she required a repeat drainage a few days later and about 1,100 ml were extracted. Subsequently, she was asymptomatic.

Conclusion

Post-ERCP hepatic subcapsular hematoma is a rare complication (3,4). The etiology is not clear, although it can originate from the damage of intrahepatic vessels by a metallic guide. The management is usually conservative, with a good evolution (5).

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Fig. 1. Abdominal CT. A hepatic subcapsular hematoma.