

中文題目：肝動脈假性動脈瘤——經皮穿肝膽道引流術後不常見的併發症

英文題目：**Hepatic Artery Pseudoaneurysm: An Unusual Complication of Percutaneous Transhepatic Cholangiography and Drainage**

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Background:

Although percutaneous transhepatic cholangiography and drainage (PTCD) is an effective procedure for decompressing an obstructed biliary system, bleeding complications occur in 2% to 3% of the procedures. Here, we present one case with iatrogenic hepatic artery pseudoaneurysm after PTCD.

Case presentation:

An 81-year-old female patient with history of end-stage-renal-disease under regular hemodialysis was brought to our emergency department complaining of persistent epigastric pain accompanied by fever, vomiting, and cold sweating for one day. Computed tomography of the abdomen revealed a common bile duct stone with biliary tract dilation. PTCD was performed for acute cholangitis with septic shock, however, bloody drainage (200-300ml/day) were noted after the procedure. The abdominal ultrasound revealed hepatic subcapsular hematoma. One blind ending cyst structure (1.01 cm in diameter) with turbulent color flow and a pulsatile wave form was also found near the surface over the right lobe. The image was compatible with hepatic artery pseudoaneurysm. Hence, endoscopic retrograde cholangiopancreatography was performed that day to remove the stone. Angiography performed immediately thereafter revealed a pseudoaneurysm over the distal branch of the right middle hepatic artery. Three coils were inserted into the artery proximal to the aneurysm, and total occlusion was noted in the follow-up angiogram. The patient's clinical condition improved rapidly, and she was discharged one week later. The hematoma was disappeared by abdominal echo one month later.

Conclusion:

Bleeding is a serious complication after PTCD. In hemodynamically unstable patients and /or frank bleeding, the patient should be moved to the angiography suite directly to rule out a significant injury that might be fatal. Angiography is considered the gold standard for demonstrating vascular anatomy, and a pseudoaneurysm can be embolized simultaneously using coils.