

## Background

### Liver Clot

Dark red, jelly-like pedunculated mass extruding from the extraction site due to incomplete fibrin clot

Named after resemblance to liver

Rare



## Case Report

### Chief Complaint

7 yr 10 m male presents for emergency at the UofM pediatric dental clinic with the chief complaint "mouth has been bleeding for last 10 hours." Clinical exam reveals dark red/purple jelly-like pedunculated mass at position of #L.



## Etiology

### Can be attributed to many factors

- Post-op instructions not followed
  - head was not elevated
  - patient did not keep pressure
  - blood oozed and clotted outside
- Infection
- Intrinsic trauma
- Presence of foreign body



Figure 5: Clot removed using laser.

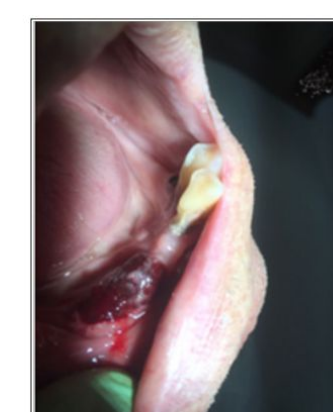
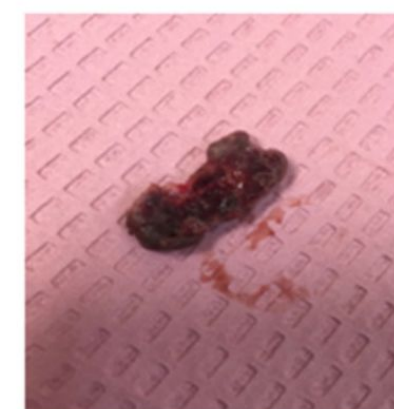


Figure 7: Third post-op appointment: Three days later.

## Treatment Options

- Remove clot
  - high speed suction
  - gauze
  - curette
- Irrigate site with saline
- Apply direct pressure

If bleeding persists, local or systemic hemostatic agents may be indicated.



Figure 9: Fourth postop appointment: One week later. Area post extraction healed.

## Hemostatic Agents

**Systemic Agents:** supplemental tissue factors, fresh frozen plasma, or blood transfusion

### Local Agents:

Mechanical	Thermal	Chemical
Tea Bag Silver Nitrate Sponges Bone Wax Sutures	Electrocautery Laser	Tranexamic Acid Aminocaproic Acid Topical Thrombin

## Differential Diagnosis

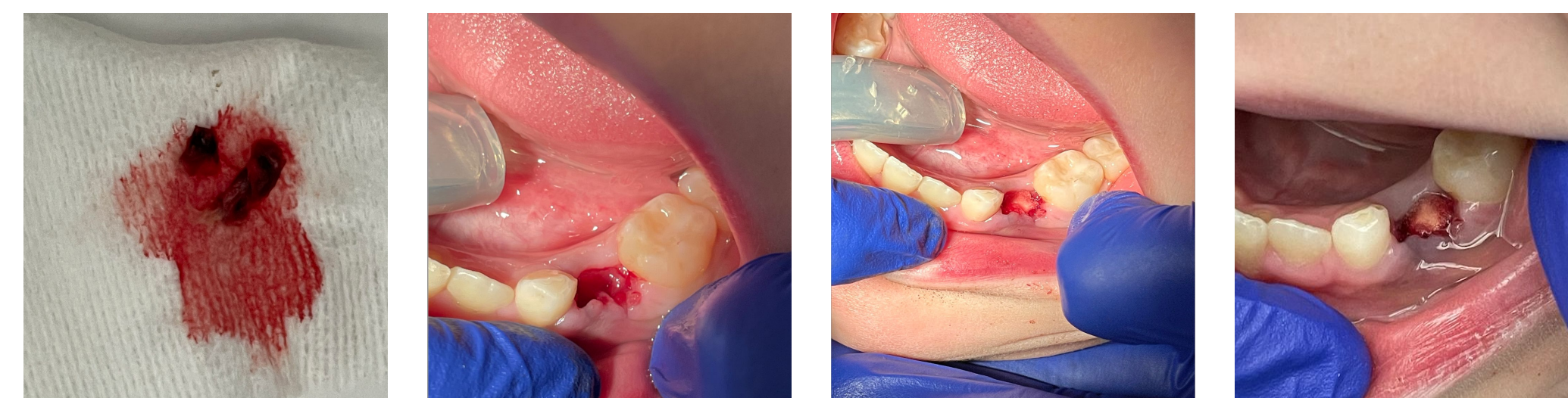
- Pyogenic Granuloma:** Asymptomatic red smooth or lobulated mass that bleeds easily when touched
- Angiosarcoma:** Symptomatic highly aggressive soft tissue sarcoma



## Conclusion

- Best treatment management is pre-operative evaluation and post-operative instruction with firm pressure applied after extraction.
- In children, post-operative complications are rare.
- Prompt diagnosis and treatment is necessary in cases of liver clot to prevent excessive and continuous bleeding.
- Best hemostatic agent is one that provider is familiar with and has access to.

### Treatment:



- ½ carpule (17ml) of 2% Lidocaine with epi administered around perimeter of mass
- Removed with gauze, remaining mass was suctioned, irrigated site
- Gel foam placed
- Gauze placed on top with firm pressure for 10 minutes. Hemostasis achieved