



Acute Pancreatitis after Liver Biopsy: Clots or Stones?

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INTRODUCTION

- Percutaneous liver biopsy is a frequently utilized tool in diagnosis
- Bleeding complications occur in 1% of cases and hemobilia is rare
- Hemobilia causing acute pancreatitis after liver biopsy is extremely rare – only 20 reported cases in literature
- Symptoms: RUQ pain, nausea, jaundice, hematemesis, melena
- We present an interesting case of a woman who developed acute pancreatitis secondary to hemobilia after percutaneous liver biopsy

CASE PRESENTATION

Background:

- 60-year-old female with recurrent high grade serous peritoneal cancer and recent metastases to liver was admitted for acute pancreatitis
- Presented with nausea and RUQ pain that started after percutaneous liver biopsy one day prior
- Labs: Hgb 10.4, lipase > 3000, amylase 3349, tbili 3.6, direct 3.3, AST 631, ALT 482, Alk phos 240

Imaging:

- CT abd/pelvis showed diffuse swelling of pancreas with fluid and mesenteric fat stranding suspicious for acute pancreatitis
- Abdominal MRI showed mildly prominent CBD at 0.8 cm with debris in distal CBD, cystic duct, GB indicative of hemorrhagic products

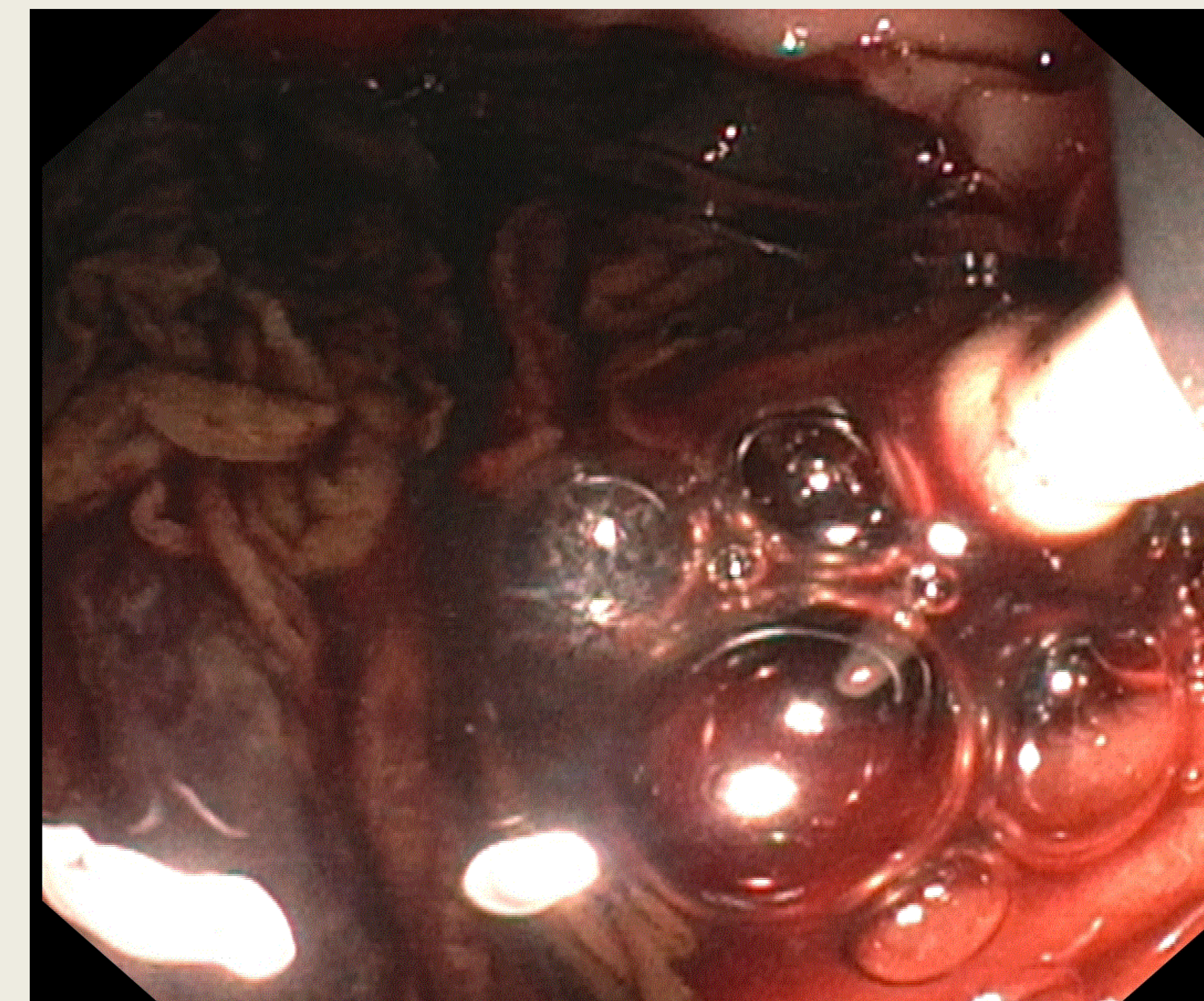
Intervention:

- ERCP with sphincterotomy and clots removed from duct with balloon sweep (Figures 1 & 2)

IMAGES



(1)



(2)

DISCUSSION

- Hemobilia is upper GI bleeding within the biliary tree; incidence of less than 0.059% after percutaneous liver biopsy
- Can occur within a few hours to several days later
- Although rare, hemobilia can lead to acute pancreatitis when excessive bleeding and increased formation causes obstruction in biliary tree. This impedes drainage from the ampulla triggering pancreatitis
- Diagnosis by ultrasound, angiography, ERCP, MRCP
- Treatment depends on extent of bleeding
- Advanced interventions: hepatic angiography with arterial embolization, ERCP with sphincterotomy or stent placement

CONCLUSION

- Hemobilia is rare but can cause acute pancreatitis following percutaneous liver biopsy
- It is important to recognize hemobilia as the underlying cause of acute pancreatitis following liver biopsy to avoid further complications of biliary obstruction and pancreatitis

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