

Spontaneous Hepatic Subcapsular Hemorrhage in Malignancy: A Case Report

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Introduction

- Hepatic Subcapsular Hematoma (HSH) is an infrequent condition associated with HELLP, malignancies, coagulopathies and occasionally ERCP.
- If shock is present, then mortality can reach as high as 23%

Case Overview

- 72-year-old female with a history of metastatic lung cancer presented for weakness.
- Hospital course was largely unremarkable until day 10 when she developed acute RUQ abdominal pain.

- Initial exam showed waxing and waning mental status with severe abdominal pain. She had known liver metastasis but no obvious cause for her pain. Labs showed she was in severe DIC and imaging demonstrated a large subcapsular hematoma which is seen in Fig. 1. She was upgraded to the ICU and evaluated by surgery, but family declined emergent ex-lap.

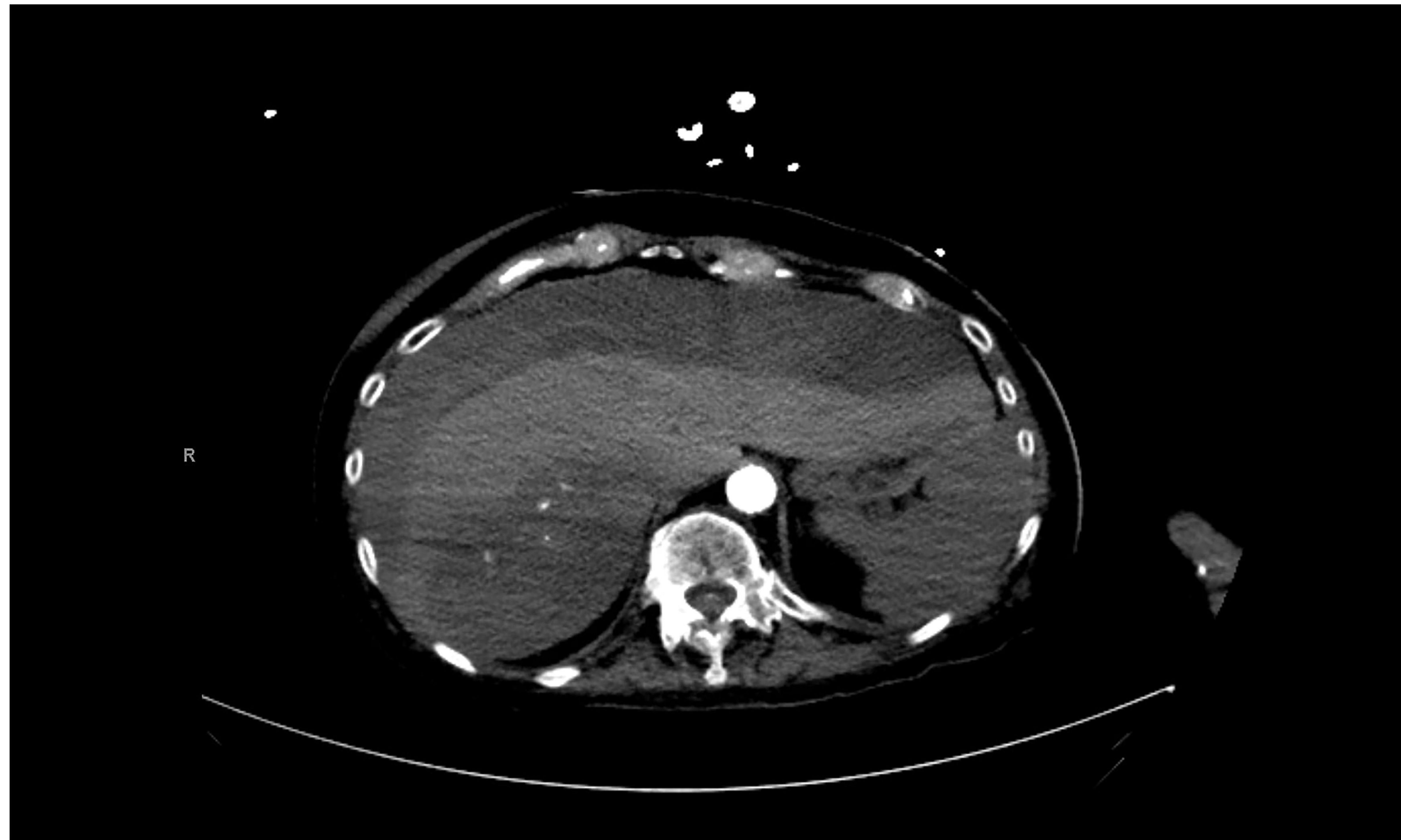


Fig. 1; Large subcapsular hematoma compressing patient's liver

Discussion

- Like in our patient, the initial symptoms of HSH is almost always acute abdominal pain.
- In severe events shock can take place and rapid surgical intervention is needed.
- Typically, surgical resection or trans-arterial embolization is done to stop the bleed.
- Our case reinforces the current literature surrounding the fatality rate of severe HSH and the need for prompt multi-disciplinary intervention.



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