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Haemobilia Following Percutaneous Liver Biopsy

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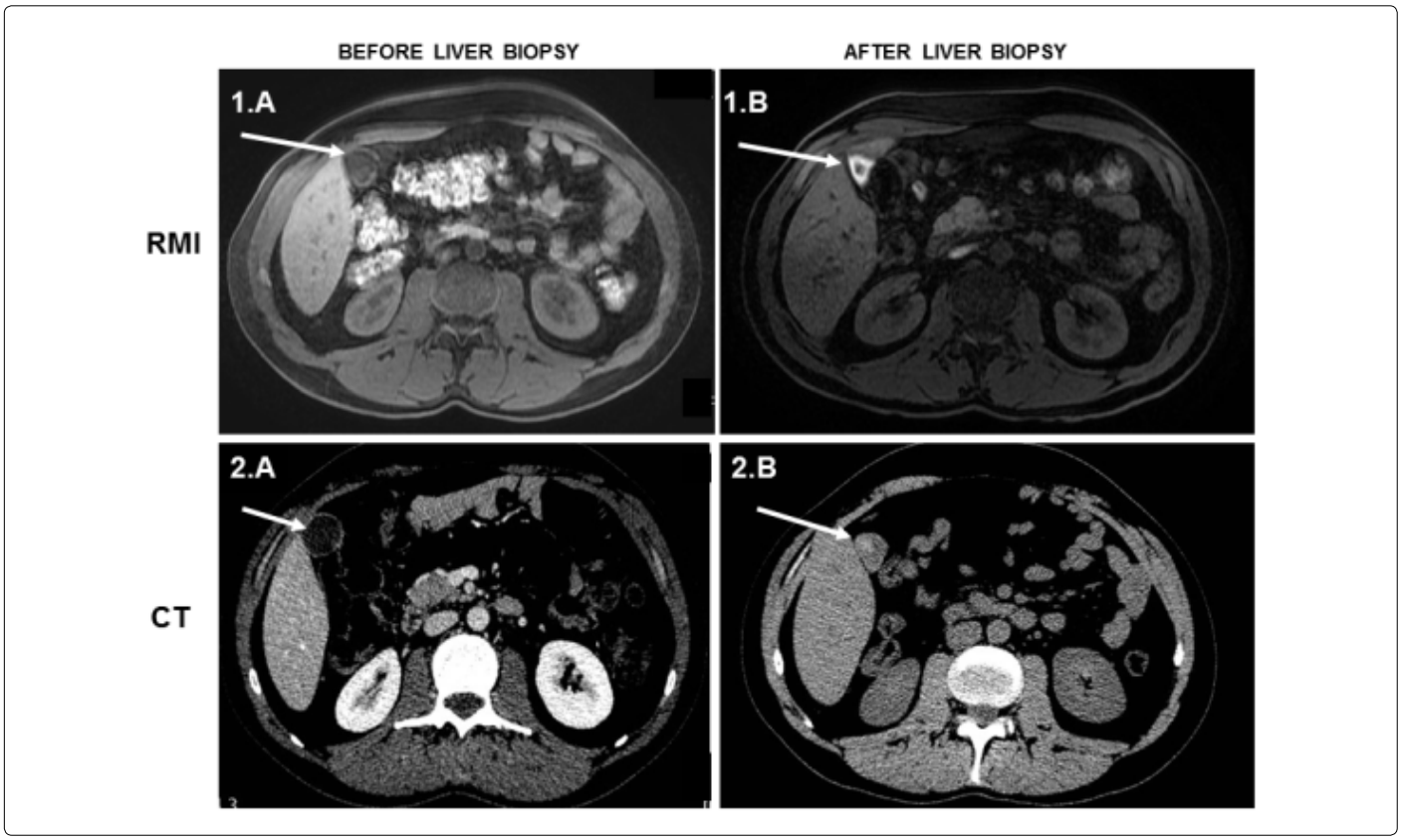
A 32 years old man, previously followed for chronic alcoholic pancreatitis underwent a percutaneous liver biopsy for a suspect liver image. At that time, gallbladder had a normal aspect on MRI (hyposignal, panel 1A) and on CT (hypodensitiy, panel 2A). Histological examination of the tumour biopsy revealed a hepatocellular carcinoma in an otherwise healthy liver. Ten days after biopsy, he suddenly felt intense right-sided hypochondriac pain with liver enzyme elevation (15N), suggesting biliary colic. New imaging detected haemobilia (hypersignal on RMI, panel 1B and hyperdensity on CT, panel 2B). Pain and cytolysis were spontaneously regressive under antalgic treatment. A digestive echoendoscopy performed 5 days later revealed no gallstone.

Hemobilia denotes bleeding to the biliary tree, resulting from the pathological connection between a vessel and the biliary system. Most common causes are iatrogenic injuries such as in our patient. Haemobilia is rare but is a challenging radiologic diagnosis.



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