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Poster

Traumatic Hemobilia

Tim Sahawneh [1] , Trevy Ramos [2] , Bracken Burns Jr [3]

1. Surgery, Quillen College of Medicine East Tennessee State University, Johnson City, USA 2. Surgery, Quillen College of Medicine, East Tennessee State University, Johnson City, USA 3. Department of Surgery, Division of Acute Care Surgery, Quillen College of Medicine, East Tennessee State University, Johnson City, USA

Corresponding author: Tim Sahawneh, tsahawneh@gmail.com

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Abstract

Hemobilia is a rare condition first described in 1948 and later reported in case reports and small series in which there is hemorrhage into the biliary tree. Most common etiologies of this condition include blunt or penetrating trauma and iatrogenic causes from surgical or interventional procedures. We present a case report of hemobilia seen after blunt trauma.

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Traumatic Hemobilia

Timothy Sahawneh, MD, Trevy Ramos, DO, and J. Bracken Burns, Jr., DO, FACOS
Department of Surgery, Quillen College of Medicine, East Tennessee State University, Johnson City, TN

Background

Hemobilia is a rare condition first described in 1948 and later reported in case reports and small series in which there is hemorrhage into the biliary tree. Most common etiologies of this condition include blunt or penetrating trauma and iatrogenic causes from surgical or interventional procedures. We present a case report of hemobilia seen after blunt trauma.

Case Report

19 year old male presented to level 1 trauma center after an MVC where he had sustained multiple injuries. These included bilateral lower extremity fractures, rib fractures, sternal fracture, pelvic fractures, renal contusion, splenic laceration, mesenteric laceration and liver laceration. On presentation, the patient was in hemorrhagic shock with a positive FAST exam and taken emergently to the OR. Multiple fractures were stabilized and patient underwent exploratory laparotomy with small bowel resection.

During exploratory laparotomy, liver laceration was observed and no intervention was made as hemostasis was seen upon completion of exploration.

Patient had prolonged ICU course due to multiple orthopedic procedures and prolonged respiratory failure. Post operatively the patient developed jaundice and was found to have hyperbilirubinemia of uncertain etiology with total bilirubin elevated up to 20.5 mg/dL.

The patient underwent abdominal US, HIDA scan and triple phase CT scan that were not conclusively diagnostic. The triple phase CT scan did have findings which suggested an area of ischemia at segment 4A.

Patient then underwent angiography where an abnormal contrast blush was seen around hepatic segments 2 and 3. Filling of portal venous branches and bile ducts were also observed. The arterial branches supplying these filling abnormalities were then coiled.

Post procedure the patient did well and his bilirubin did trend downward. The patient was then discharged to a rehabilitation facility due to his orthopedic injuries. Of note, the patient required around 6.5 weeks post angiography for bilirubin levels to reach within normal limits.

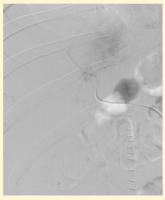


Figure 1. Pre-embolization angiography

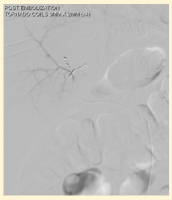
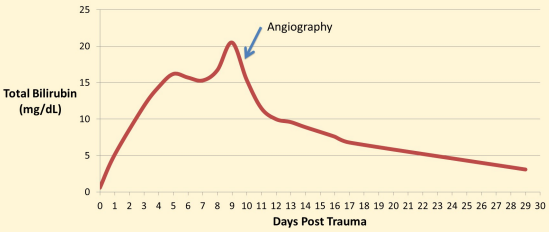


Figure 2. Post-embolization angiography



Conclusion

Hemobilia is a rare occurrence. In patients with jaundice and hyperbilirubinemia after trauma with subsequent hepatic injury, hemobilia should be suspected. Being aware of its clinical presentation is key to timely identification and treatment.

Resources

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