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Three complications of pair (puncture, aspiration, injection, reaspiration) in one case: Recurrent hemobilia, cyst infection and pneumonia

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ABSTRACT

INTRODUCTION: With the appropriate indications, puncture, aspiration, injection and reaspiration (PAIR) is the most effective minimal invasive method used in the treatment of hydatic cysts. Hemobilia is the hemorrhagia in bile ducts in consequence of any reason. In literature there is no case with hemobilia because of PAIR. This is the first case with recurrent hemobilia, infection in cyst cavity and pneumonia because of PAIR.

CASE: A 66 years old female patient was admitted to hospital with complaints of abdominal pain, hematemesis and melaena. She gave the history of PAIR for two hydatic cysts. At physical examination, there were jaundice, tenderness at right subcostal area and melaena at rectal digital examination. Hemobilia was detected by abdominal ultrasonography and magnetic resonance cholangiopancreaticography (MRCP). An endoscopic retrograde cholangiopancreaticography (ERCP) and endoscopic sphincterotomy were performed. The patient was discharged after 6 days hospital stay. One day after the discharge the patient was admitted to hospital with the same complaints again. Performing ERCP and balloon extraction, the hematoma filling the common bile duct was removed. After the patient was hemodynamically stable for 3 days, she was discharged from the hospital. A week after that the patient was admitted to hospital with the clinical findings of infected hydatic cyst and pneumonia. The patient was treated medically with mechanical ventilation support for 8 days.

CONCLUSION: It should not be underestimated that, there can be serious complications of PAIR like hemobilia. Therefore, PAIR should be performed only in centers having appropriate medical and surgical facilities.

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1. Introduction

As a zoonosis, hydatic cyst is one of the most important health problems of Turkey. Recently hydatic cysts can be treated as medically, surgically or by puncture, aspiration, injection, reaspiration (PAIR). With the appropriate indications, PAIR is the most affective minimal invasive treatment modality. It is superior to other modalities with low mortality, morbidity and recurrence rates and shorter hospital stay [1]. Usually one day hospital stay is enough, but complications may prolong this time just about 20 days [2]. The reported rate of minor complication is 11%, major complication is 2.8% and biliary fistula is 5.6% [3].

Hemobilia means bleeding into bile ducts because of any reason. It is mostly seen as a complication of surgical interventions to bile duct, gall bladder and liver, percutaneuos transhepatic cholangiography (PTC), biliary drainage and catheterization of hepatic artery. Other reasons of hemobilia may be; trauma, gallbladder and bile duct inflammation, liver abcess, polyarteritis nodosa etc. [4–10]. In literature, there is no case with hemobilia because of percutaneuos treatment of hydatic cyst. This is the first case reported with three mortal complications (recurrent hemobilia, infection of cyst cavity and pneumonia).

2. Case

Sixty six years old female patient, underwent PAIR, in operating theater, for her two type 1 hydatic cysts (each was 8 cm in diameter) on the 9th of July (Fig. 1). Six days after the PAIR (15th of July), she was admitted to hospital with abdominal pain,

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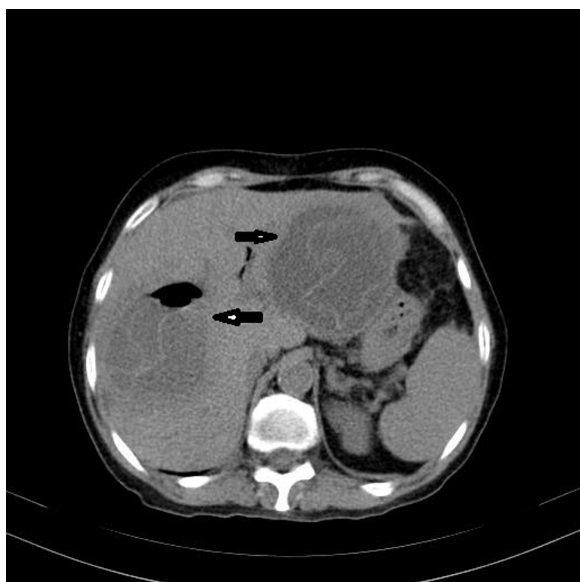

Fig. 1. CT image showing the hydatic cyst that PAIR was performed.

jaundice, hematemesis and melaena. Her pain was recurrent and colic in character. At physical exam, she had tachycardia (110/min), jaundice, tenderness in right upper quadrant of abdomen and melaena at rectal digital examination. She had a hemoglobin value of 8 gr/dl. She had been accepted to intensive care unit (ICU), a central line was attained and 3 units of erythrocyte suspension were administered with appropriate fluid and electrolyte resuscitation. Hemobilia was detected by abdominal ultrasonography and magnetic resonance cholangiopancreaticography (MRCP) (Figs. 2, 3 and 4). By performing endoscopic retrograde cholangiopancreaticography (ERCP) and endoscopic sphincterotomy, blood degradation products were cleaned from the common bile duct. After the patient stayed hemodynamically stabled, she was discharged from the hospital in 21th July.

One day after the discharge, the patient was admitted to hospital with hemobilia again. She was accepted to ICU and IV fluid and electrolytes had been administered. On 22nd of July an ERCP was performed and with the help of balloon the hematoma filling the common bile duct was removed (Fig. 5). Beside the fluid and electrolyte treatment, 2 units of erythrocyte suspension was administered. The patient stayed stable hemodynamically; therefore we did not make any intervention for hemorrhagia. During the following three days, patient was stable, fed orally. When the laboratory findings decreased to normal values, the patient was discharged on 26th of July.

Four days after the discharge (30th July), the patient was admitted to the hospital again with the complaints of fever, palpitations, loss of appetite, nausea and vomiting. The patient had the clinical laboratory finding of infected hydatic cyst and pneumonia (Fig. 6). The two hydatic cyst cavities had turned into abscess formation and they had been drained percutenously.

She stayed at 3rd degree ICU and had mechanical ventilation support for 8 days because of severe pneumonia. Culture

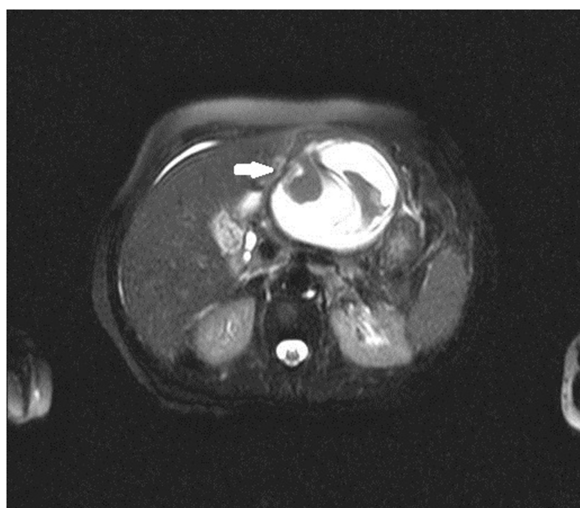

Fig. 2. MRI image showing the drained cyst consisting blood in left lobe of liver, magnetic resonance cholangiopancreaticography.

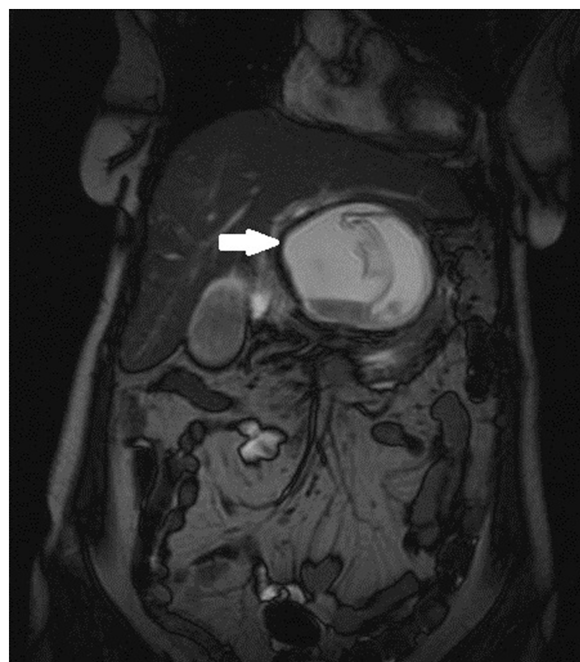

Fig. 3. MRCP image showing hematoma in gall bladder (magnetic resonance cholangiopancreaticography).

Fig. 4. MRCP image showing hematoma filling the common bile duct, magnetic resonance cholangiopancreaticography.

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