

13th International Conference on

CLINICAL GASTROENTEROLOGY, HEPATOLOGY AND ENDOSCOPY

November 13-14, 2017 | Las Vegas, USA

Hemobilia and hepatobiliary fistula formation: An unusual complication of a pyogenic liver abscess

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Introduction: A liver abscess leading to the formation of a fistula between the hepatobiliary tree and duodenum is a unique complication. Further complication leading to hepatic artery rupture is extraordinary. Case study begins with a 68-year-old female with history of schizophrenia presented with altered mental status, weight loss and hyperglycemia. Patient was found to be septic and blood cultures grew ESBL *E. coli* and *Candida* requiring IV fluids, vasopressors, and IV antibiotics. CT abdomen with contrast revealed an intrabiliary abscess requiring IR drainage and pigtail catheter placement. MRI performed showing connection between intrahepatic bile duct and proximal duodenum confirmed by fistulogram. Subsequently the patient developed hematemesis and hemodynamic instability requiring fluid resuscitation and blood transfusions. Upper GI endoscopy revealed blood in the stomach but no active source of bleeding. CTA of abdomen was performed which showed extravasation from a branch of the right hepatic artery with leakage into the liver. No aneurysm or pseudoaneurysm was identified. IR guided embolization of the hepatic artery performed but due to fistula complexity surgery was not performed and nasogastric tube feeds started.

Discussion: Pyogenic liver abscesses are the most common cause of visceral abscesses accounting for approximately 48% of cases. Hemobilia is a rare complication of liver abscess but few cases where a complication of fistula formation was observed. Diagnostic modalities include angiography, endoscopy and surgical exploration. Hepatic artery embolization is the standard treatment for liver hemorrhage. In patients with liver abscesses and GI bleeding, hemobilia should be one of the differential diagnosis.

Biography

P Faybusovich has completed his DO degree in 2016 from NYIT College of Osteopathic Medicine. He is a Former Associate Researcher at the Icahn School of Medicine, Department of Allergy and Immunology. He is currently a second-year Internal Medicine Resident at Queens Hospital Center of Icahn School of Medicine at Mount Sinai.

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