Hepatocellular Carcinoma-induced Hemobilia

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Key words: hepatocellular carcinoma, hemobilia, transcatheter arterial embolization

(Abr Med 53: 1579, 2014)
(DOI: 10.2169/internalmedicine.53.2629)

A 64-year-old woman was admitted to our hospital immediately after experiencing tarry stools and hematemesis. Upon admission, the patient was in shock. She had a two-year history of advanced hepatocellular carcinoma (HCC) with a tumor thrombus in the left branch of the portal vein and invasion of the intrahepatic bile duct. At that time, we administered hepatic arterial infusion chemotherapy and radiation therapy, which resulted in a favorable response.

On the present admission, a hepatic arteriogram revealed extra flow of the contrast agent to the common bile duct (Picture 1). Therefore, transcatheter arterial embolization (TAE) of the middle hepatic artery was performed using coils. Subsequently, no extra flow of contrast agent was identified on a hepatic arteriogram (Picture 2). The patient was discharged 18 days later and survived for eight months post-TAE, without recurrent hemobilia. HCC-induced hemobilia is rare and carries a poor prognosis (1). Therefore, TAE is a good option for controlling massive hemobilia (2).

The authors state that they have no Conflict of Interest (COI).

References