ISI-03 Intracranial hemorrhage associated vitamin K deficiency bleeding in biliary atresia patients: Focus on long term outcome
Dept. of Pediatric Surgery, Reproductive and Developmental Medicine, Graduate School of Medical Sciences, Kyushu Univ.
Fatima S. Alatas, Makoto Hayashida, Toshiharu Matsuura, Isamu Saeki, Tomoaki Taguchi

Introduction: Intracranial hemorrhage (ICH) is one of the complications found in biliary atresia (BA) patients associated with vitamin K deficiency bleeding (VKDB). However only few study were published regarding long-term outcome.

Patients & Method: 88 consecutive infants with BA were treated and followed up at Kyushu University Hospital. Clinical records and imaging studies were retrospectively reviewed in 7 infants who presented with ICH (7.95% of BA patients).

Results: Onset of ICH was 47-76 days, before underwent Kasai operation (9-37 days after ICH onset). Abnormality in coagulation were found upon admission, and improved after vitamin K administration. Craniotomy was done in 2 cases before Kasai operation. During 22-278 months follow-up some neurological sequelae persist in 5 of 7 cases. Mental retardation were found in 2 cases, epilepsy in 1 case, hemiparesis in 2 cases, developmental disorder in 1 case, and no neurological deficit in 2 cases. Follow-up head CT scans showed low density area (LDA) at left hemisphere in 4 cases.

Conclusion: Although vitamin K prophylaxis had been given during neonatal period, ICH associated VKDB were still found in 7.95% of BA patients. Persistent neurological sequelae were found in 5 of 7 cases, with LDA at left hemisphere.

Keywords: intracranial hemorrhage, vitamin K deficiency bleeding, biliary atresia