

LETTER TO THE EDITOR

Delayed presentation of haemobilia after penetrating liver injuryJAKE E. J. KRIGE¹ & STEPHEN J. BENINGFIELD²¹*Department of Surgery and* ²*Department of Radiology, University of Cape Town Health Sciences Faculty, Cape Town, South Africa*

Sir,

We read with interest the case report describing haemobilia that presented 2 weeks after a thoracic stab wound [1]. The authors indicate that the case is unusual because of the exceptional length of delay and thoracic stabbing as a cause. We have treated 10 patients, 9 men and 1 woman, with post-traumatic haemobilia, ages ranging from 17 to 44 years (mean age 27 years) over a 36-year period [2]. There were eight grade 3 injuries and two grade 4 liver injuries due to penetrating stab wounds in eight patients and blunt trauma in two patients. The mean delay between the initial liver injury and the diagnosis of haemobilia was 23.5 days (range 1–120 days). Only 4 of the 10 patients presented within 1 week of the injury. Three of the stab wounds presented 13, 14 and 60 days after the injury. One patient with a grade 4 blunt liver injury after a motor vehicle accident (MVA) presented 120 days after the injury. Similar delays in presentation were documented in the study from Durban, with a mean delay of 16 days (range 7–211 days) [3].

We agree that selective hepatic artery embolization using either 5 Fr Cobra or similar catheters passed over hydrophilic or Teflon-coated guide wires is the optimal treatment, supplemented by 3 Fr microcath-

eters when needed. Where possible, an attempt should be made to straddle the arterial injury site by placing coils or other occlusive agents on both sides of the injury to prevent possible retrograde flow and bleeding from intrahepatic arterial collaterals [2]. Recanalization may occur in some patients when proximal gelatin sponge or even coils have been used. Gelatin sponge usually reabsorbs within a few weeks, potentially resulting in free bleeding if complete healing of the injury has not occurred, as in chronic causes.

The data suggest that delayed presentation of haemobilia is common both after blunt and penetrating liver injuries and that selective hepatic artery embolization with careful placement of coils or other, preferably non-absorbable material, provides optimal treatment.

References

- [1] Bruens ML, De Smet AAEA, Vroegindewij D, Haverlag R, Van Der Harst E. Haemobilia 2 weeks after a low thoracic stab wound. *HPB* 2005;7:318–9.
- [2] Forlee MV, Krige JEJ, Welman CJ, Beningfield SJ. Haemobilia after penetrating and blunt liver injury: treatment with selective hepatic artery embolisation. *Injury* 2004;35:23–8.
- [3] Moodley J, Singh B, Lalloo S, Pershad S, Robbs JV. Non-operative management of haemobilia. *Br J Surg* 2001;88: 1073–6.