

# **Pseudoaneurysm of the right hepatic artery and bile duct necrosis as a complication of acute cholecystitis in a diabetic patient**

**Authors:** R Ramirez-Maldonado, E Ramos, J Dominguez, R Mast, L Llado, J Torras & J Hernandez

**Location:** Bellvitge University Hospital, Barcelona, Spain

**Citation:** Ramirez-Maldonado R, Ramos E, Dominguez J, Mast R, Llado L, Torras J, Hernandez J. Pseudoaneurysm of the right hepatic artery and bile duct necrosis as a complication of acute cholecystitis in a diabetic patient. JSCR. 2011. 3:4

## **ABSTRACT**

A very uncommon complication of acute cholecystitis is the development of a pseudoaneurysm in an arterial branch of the hepatic artery. We report a rare case of a patient with acute cholecystitis who presented with a pseudoaneurysm of the right anterior hepatic artery complicated by necrosis of the bile duct and hepatic infarction. A 70-year-old woman attended the emergency department with an unusual presentation of acute cholecystitis involving abdominal discomfort and a mass in the right upper quadrant. CT demonstrated a pseudoaneurysm of the right hepatic artery. Emergency selective transcatheter arterial embolization and cholecystectomy were performed. Subsequently, bile duct necrosis and hepatic ischemic damage made it necessary to perform a right hepatectomy and bile duct resection. Once a hepatic artery pseudoaneurysm is confirmed, its embolization may be useful to ensure the patient's safety. However, in our experience such pseudoaneurysms may be associated with hepatic and biliary ischemia.

## **INTRODUCTION**

A very uncommon complication of acute cholecystitis is the development of pseudoaneurysms in the arterial branches of the hepatic artery. We report a very rare case of a patient with perforated acute cholecystitis who presented a pseudoaneurysm of the right anterior hepatic artery associated with necrosis of the bile duct and liver infarctions.

## **CASE REPORT**

A 70-year-old diabetic woman was seen in the emergency department with abdominal pain of two weeks duration, without fever. At the time of admission her general condition was good, although she reported abdominal discomfort and there was a hard mass in the epigastrium. Laboratory test results indicated mild cholestasis: bilirubin 147  $\mu\text{mol/l}$  (normal values