HEMORRHAGIC ABDOMEN OF HEPATIC ORIGIN

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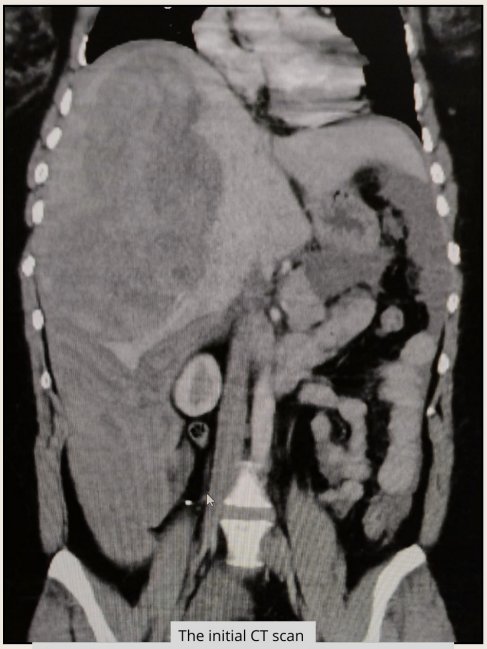
Benign liver tumors are usually asymptomatic and often detected incidentally. However, they can sometimes present with severe complications such as spontaneous intra-abdominal hemorrhage.
This case highlights an unusual and severe presentation of a ruptured hepatic hemangioma that required a stepwise, multidisciplinary therapeutic approach.



The initial CT scan
Showed a large right hepatic lesion with hemoperitoneum

Introduction

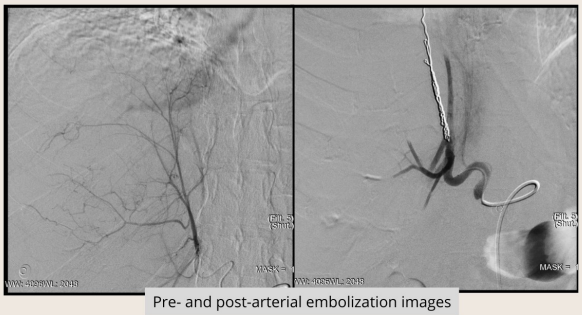
We received a 36-year-old female patient referred from another institution, with a history of obesity, hypothyroidism, and oral contraceptive use, who presented with sudden-onset epigastric pain of 3 hours' duration, progressing to hypotension and pallor, without any history of trauma.

Case presentation

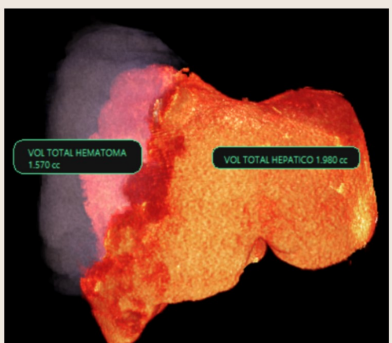
The patient was referred with a CT scan showing a right hepatic lesion (hemangioma, 16 cm) and hemoperitoneum. She presented hemodynamic instability with hypotension (80/60 mmHg), tachycardia (120 bpm), anemia (Hb 9 g/dL), and elevated transaminases.

Clinical Course

- Selective arterial embolization was performed using coils and Spongostan in afferent branches of the hepatic mass.
- The patient required vasopressor support with norepinephrine and high-flow oxygen therapy.
- She received transfusions of 3 units of packed red blood cells and 4 units of fresh frozen plasma.
- Febrile episodes persisted despite negative blood cultures.
- Ultrasound and CT imaging revealed a heterogeneous hepatic mass with central fluid areas, hemoperitoneum, and bilateral pleural effusion.
- A right hepatectomy was performed, along with placement of a pleural drain.



Pre- and post-arterial embolization images



Surgical specimen

Results

- Blood, hematoma, and pleural fluid cultures were negative.
- Histopathology: massive ischemic necrosis of the hepatic parenchyma.
- Hospital discharge on postoperative day 10.
- Favorable outcome during outpatient follow-up.

Conclusion

The multidisciplinary approach, including stepwise treatment and dynamic clinical decision-making, was essential in managing a critical case of hemorrhagic hepatic abdomen, minimizing morbidity and mortality.
Arterial embolization proved to be an effective tool in the acute phase, allowing patient stabilization and deferral of surgery until it could be performed safely. Surgical resection should be reserved for later stages or when complications arise.