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Non-operative Management Of Traumatic Grade IV Liver Laceration Following Blunt Abdominal Trauma Complicated With Delayed Bilio-plueral Fistula

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Background : The incidence of bile leaks following blunt liver trauma ranges from 0.5–21%. These bile leaks can give rise to biliopleural fistula (BPF), which can end up causing Cholethorax, where a bilious effusion seen in the pleural cavity. Early recognition of this condition is essential to improve patient outcome. We report an unusual case of delayed BPF causing cholethorax in a young male, presented with grade IV blunt liver trauma.

Methods : Case presentation A 30-year-old healthy male presented with blunt abdominal trauma following a motor vehicle collision. Abdominal examination revealed tender right upper quadrant. His hemodynamic parameters were stable following initial resuscitation. CT abdomen revealed AAST Grade IV liver laceration without active extravasation of contrast, causing a moderate hemoperitoneum. Decision made to manage the liver injury conservatively.

Results : Repeat imaging done due to progressive abdominal distension revealed, bilateral pleural effusions and increased amount of abdominal free fluid. Bilateral intercostal (IC) tubes and an ultrasound guided pigtail catheter inserted to the abdomen. The right sided IC drainage found to be bilious, along with a bilious drainage through the pigtail catheter placed on the peritoneal cavity. Due to persistently high drain output, an endoscopic retrograde cholangiopancreatography (ERCP) performed revealing a contrast leakage at cystic duct. Sphincterotomy was performed and a biliary stent was placed. Following decompression of biliary system, patient gained complete recovery.

Conclusions : The unusual presentation of BPF requires a good clinical acumen for early diagnosis. Timely endoscopic and interventional radiological management for biliary decompression and drainage are required for a successful outcome.

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