# Arrest of liver haemorrhage secondary to percutaneous liver biopsy of a haemangioma with fibrin glue.

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## Abstract:

Background: Haemorrhage resulting from blunt and penetrating injury to the liver remains a difficult therapeutic problem, often resulting in massive intraperitoneal blood loss. Perihepatic liver packing and inflow occlusive techniques in combination with finger fracture exploration of injuries to allow vessel ligation are the mainstays if treatment with normal liver parenchyma. More recently fibrin glue haemostatic agents have been used to arrest traumatic haemorrhage from the liver. We report a case of the use of fibrin glue to arrest the bleeding caused by the percutaneous biopsy of a liver haemangioma. Case outline: A 42 year-old woman underwent percutaneous diagnostic biopsy of a liver lesion and subsequently experienced shock secondary to massive bleeding from the biopsy site. At laparotomy there was massive bleeding from the puncture site of the liver lesion. Control of haemorrhage was obtained by injecting fibrin glue down the biopsy site tract. This manoeuvre resulted in complete arrest of haemorrhage with no adverse effect. Discussion: The use of fibrin glue as a haemostatic agent in trauma is an important adjunct to perihepatic liver packing and finger fracture exploration of injuries. It may have exceptional utility in patients with penetrating trauma to the liver by direct intraparenchymal injection. This case illustrates that fibrin glue can be used to arrest bleeding from vascular tumours such as haemangiomas. It may help to minimise bleeding for all percutaneous liver biopsies.