Spontaneous hepatic rupture in man without underlying etiology: report of a case

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Introduction

- Spontaneous hepatic rupture with massive hemoperitoneum is a very rare event.
- Malignant hepatic neoplasms are most common cause. There are several reports about another causes which is pregnancy, connective tissue disease, hypereosinophilic syndrome and coagulation disturbances.
- However, spontaneous hepatic rupture of unknown cause is an extremely rare occurrence. Owing to the rarity of spontaneous hepatic rupture of unknown cause, no standard diagnostic procedure has been established.
- Herein, we report on the case of spontaneous hepatic rupture with no clear etiologic cause and without history of abdominal trauma.

Case

- 48/M
- C/CC: Severe abdominal pain (RUQ)
- Onset: admission day morning, abrupt onset
- V/S: BP: 75/54 mmHg, HR: 77/min, BT: 35.5°C
- P/Ex: Bowel sound: normoactive
  Abdominal Tenderness (+: RUQ) / Rebound Tenderness (-)
  Murphy’s sign (-)

Laboratory test

- Lab: Hb: 11.6 g/dl, PLT: 176,000 /Ul
  PT: 85% (1.11 INR), APTT: 27.5 sec
  AST: 757 IU/L, ALT: 474 IU/L
  T-bil: 0.9 mg/dl, cr: 0.8 mg/dl
- Further Lab: HBs-Ag(-), Hbs-Ab(-), HCV-Ab(-)
- Tumor marker: Normal
  : AFP: 2.81 ng/ml (0~5), PIVKA-II: 22 mAU/ml (0~40)
  CA 19-9: 6.0 U/ml (0~37), CEA: 1.67 ng/ml (0~6)

Radiologic test

Admission day (CT)

- S8 branch embolization

Pathology & Post-OP 1 week CT

- On cut section along the longitudinal axis, the mass showed intrahepatic hemorrhage was noted.
- Microscopic findings of the resected specimen. Normal hepatic architecture adjacent to hematoma were demonstrated (H&E, 40x).

Conclusions

- In summary, we report a case of spontaneous hepatic rupture in man without underlying etiology.
- The patient surgical lobectomy and achieved a complete recovery.
- It is reasonable to consider surgical resection as a rapid treatment tool for the diagnosis of spontaneous hepatic rupture in man without underlying etiology.

References