(P2-69) Diagnosis and Management of Bile Leaks After Blunt Liver Injury by Dicct

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Background: Although bile leaks are emerging as frequent complications of non-operative management of liver injury, the best method to use to diagnose intrahepatic biliary injury (IHBI) has not been established.

Methods: Fifteen patients with a blunt liver injury admitted to the hospital during a two-year period, were diagnosed by computed tomography as having a grade 3–4 injury; and underwent DIC-MDCT to diagnose IHBI in its early stages. These 15 patients included 11 with a grade 4 (Group A: five patients who underwent TAE; Group B: six patients who did not undergo TAE) and four with a grade 3.

Results: In Group A, all of the patients were found to have some signs of IHBI in DIC-CT. Of these patients, two were found to have extrahepatic leakage and underwent local drainage; one also underwent ENBD. Three patients were not found to have extrahepatic leakage even though they had signs of IHBI; these also underwent ENBD. Three patients were not found to have IHBI and underwent local drainage; one

Conclusions: DIC-MDCT may, in cases of severe liver injury that might require TAE, help to diagnose IHBI in its early stages, and help to determine if additional treatment is needed based on the site and extent of the injury and whether extrahepatic bile leakage is present.

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