Liver rupture after TIPS

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Case: 45 Y/O male
- severe ascites due to massive Arterio-portal shunts in the liver
- No evidence of liver cirrhosis (No virus, no alcohol)

Arterioportal shunts were embolized with coils before without effectiveness.
Therefore TIPS was planned.

Angiography

Arterial phase
Delaye phase
Portraitography
Both of arteriography and portography through TIPS route could NOT detected any extravasation.

Treatment

1. Temporal TIPS occlusion with balloon catheter revealed the possible extravasation around the TIPS bare stent.
2. First, the diagnostic catheter (4Fr) was placed via groin, then the covered stent was started to be deployed from jugular vein. The portogram through 4Fr diagnostic catheter showed hepatofugal flow during the covered stent deployment.
3. Second, microcatheter was placed between the bare stent and covered stent. The possible extravasation was only seen.
4. Then the NBCA was fulfilled the possible extravasation around the bare stent.

Liver rupture

In the mid night of the day of TIPS, patient became shock state.
CT revealed massive hemorrhage around liver and the liver rupture.
BP: 72/48mmHg, HR: 110bpm Hb: 6.7 RBC: 235

Result and Conclusion
Fortunately, the liver rupture was cured after 6 month and the massive ascites was almost disappeared.
The massive arterio-portal shunt was one of the contraindication for TIPS. If performed, TIPS might cause liver rupture.