Introduction:
Liver biopsy is a common procedure; one of the serious complications is bleeding. Embolization of the tract with Gelfoam slurry is an effective prophylactic to bleeding. Complication of tract embolization with Gelfoam include Migration of Gelfoam into the biliary system, portal vein hepatic veins and gall bladder.

A 62 years old gentleman with multiple liver mass with no known primary malignancy.
CT guided liver mass biopsy was performed from a nodule in the left lobe, there was a dilated biliary duct near the nodule.
post biopsy Gelfoam was injected to achieve homeostasis.
post Biopsy CT showed opacification of the biliary system with Gelfoam the patient have mild epigastric pain.
the total bilirubin and alkaline phosphatase shows mild elevation after 3 hours
The LFT retrained to baseline values on the 24 house follow up and remain stable during this period.
The CT scan was repeated after one week and showed complete resolution of the Gelfoam.
The patient was discharged after one week.
The biopsy and PET scan result was adenocarcinoma from gastric cancer.

Discussion:
Percutaneous liver biopsies are commonly performed procedures by interventional radiologists. Even with proper patient selection and technique, complications such as hemorrhage can occur. Incidence of severe bleeding due to liver biopsy was reported around 0.6%. Tract embolization using Gelfoam is an effective technique in preventing significant bleeding.

Conclusion:
Accidental embolization of the biliary ducts during the liver biopsy is a self limiting complication and needs no surgical or radiological intervention.

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