E-050

Hepatic Artery Pseudoaneurysms Embolization Using An NBCA After Liver Transplantation: A Case Report

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Background: Hepatic artery pseudoaneurysm (HAPA) following liver transplantation is rare, with reported incidences between 0.3% and 2.5%, and a high risk of rupture leading to fatal outcomes. Traditionally treated through surgery, recent advances favor less invasive interventional radiology techniques due to their efficacy and reduced morbidity.

Methods: A 61-year-old male with PBC AIH overlap syndrome underwent two liver transplants due to initial graft failure. Postoperative complications included infections and bleeding, necessitating diverse interventions. The first liver transplant from a living donor resulted in severe complications, including a hepatic artery pseudoaneurysm. The second transplant involved a cadaveric split liver graft. Interventions included embolization techniques and ultrasound-guided injections to manage bleeding and pseudoaneurysm.

Results: Initial SMA and celiac angiographies identified a 12 mm hepatic artery pseudoaneurysm. Challenges due to the arterial anatomy prevented covered stenting. Instead, a percutaneous approach using an NBCA mixture achieved successful embolization, significantly improving hepatic flow and patient stability. Serial imaging confirmed the absence of further complications, and liver function tests remained stable. Management strategies included ongoing ventilator support, nutritional adjustments due to vocal cord paresis, and regular monitoring to address any new complications effectively.

Conclusions: This case highlights the evolving landscape of liver transplant complications management, emphasizing the shift towards radiological interventions that offer significant patient recovery benefits. The successful resolution of a complex hepatic artery pseudoaneurysm via embolization underlines the importance of multidisciplinary approaches in enhancing outcomes and reducing the overall treatment burden. Continuous innovation in post-transplant care techniques is crucial for reducing morbidity and improving long-term patient outcomes, particularly in cases involving multiple transplants and significant postoperative complications.

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