Hemothorax as a Complication of Percutaneous Radiofrequency Ablation for Hepatocellular Carcinoma: Bleeding from Diaphragmatic Pleura

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Clinical Image
A 79-year old woman with hepatitis C virus-related liver cirrhosis underwent ultrasound-guided percutaneous radiofrequency ablation (RFA) for a 15 mm hepatocellular carcinoma in the anterior superior segment of the liver. The 17 gauge 2 cm-long exposed metallic tip needle (Cool-tip RF System, Covidien) was introduced to the hepatic tumor through the right thoracic cavity. We performed ablation of the needling track during withdrawal of the needle after the tumor ablation. After one hour, the patient complained of dyspnea. Ultrasonography showed iso echo fluid in the right thoracic cavity (Figure 1). Dynamic contrast-enhanced CT showed the same finding. We diagnosed it as hemothorax as a complication of RFA.

Generally, the bleeding site is intercostal artery which is injured during needling. However, thoracoscopy showed bleeding site with an attachment of a 10 mm coagulation at the diaphragmatic pleura (Figure 2). Thoracoscopic ablation of the above bleeding site and thoracic drainage were performed.

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