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Hemorrhagic cholecystitis with hemobilia during oral edoxaban therapy in a patient with kidney transplant

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Case Study: Hemorrhagic cholecystitis with hemobilia is uncommon disease that is caused by abdominal trauma, malignancy, and so on. Recently, a few cases have been reported that use of anticoagulant can develop hemorrhagic cholecystitis with hemobilia. Edoxaban, a new oral anticoagulant that directly suppresses factor Xa, is known to be safer than warfarin in bleeding risk. The bleeding risk has been importantly considered in using anticoagulants in the patients with kidney transplant. We report a rare case of hemorrhagic cholecystitis with hemobilia during oral edoxaban therapy in a patient with kidney transplant and suggest that it should be made with caution in using anticoagulants in patient with kidney transplant.

A 70-aged woman was hospitalized with poor oral intake and general weakness for a week. She underwent kidney transplant due to chronic glomerulonephritis 20 years ago and kept immunosuppressant with a normal kidney function. Five months ago, she was diagnosed as cerebral infarction with atrial fibrillation and started to take edoxaban 30mg/day orally. She had no traumatic history. At admission, she had mild fever, right upper quadrant pain and jaundice. Laboratory finding showed C-reactive protein 3.35 mg/dL (normal range; ~0.3 mg/dL), aspartate aminotransferase/alanine aminotransferase 185/102 IU/L (8~40/4~44 IU/L), total bilirubin 2.6 mg/dL (0.22~1.3 mg/dL) and creatinine 1.6 mg/dL (0.4~1.5 mg/dL). Computed tomography of abdomen and magnetic resonance cholangiopancreatography showed blood clot or hemobilia in gallbladder and extrahepatic bile duct and edematous gallbladder wall thickening without stone or tumor. She was diagnosed as a hemorrhagic cholecystitis with hemobilia during using edoxaban. And she was recommended cholecystectomy, but she refused it. Fortunately, she was improved with antibiotics therapy and stop of edoxaban.