

PICTURES IN DIGESTIVE PATHOLOGY

Spontaneous intramural hematoma of the colon

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CASE REPORT

A 73-year-old man was admitted to our clinic with sudden left quadrant abdominal pain and hematochezia. There was no history of trauma. He denied other symptoms or taking off-the-counter medication. His medical history was relevant for ischemic and aortic-mitral valve disease with prosthetic valves for which he was medicated with aspirin and warfarin. On physical examination the patient presented normal vital signs with tenderness on palpation of the left side of the abdomen. Laboratory tests revealed moderate anemia (10.8 g/dl) and thrombocytopenia ($135,000 \times 10^9$ U/L) with therapeutic international normalized ratio (2.53). Colonoscopy revealed an extensive area of erythematous and bluish mucosa with an apparent torsion of the proximal descending colon around a voluminous hematoma measuring 6.5 x 3 cm (Figs. 1 A-C). Urgent abdominal CT confirmed the presence of a large intramural hematoma of the descending colon (Figs. 2 A and B). A conservative approach was adopted with temporary suspension of anticoagulation. Given the high thrombotic risk, abdominal ultrasound was performed after 72 hours showing considerable reduction in the size of the hematoma. Anti-coagulation was then resumed without complications. One month later, colonoscopy was repeated, showing complete healing of the mucosa.

DISCUSSION

The increasing use of anti-aggregating and anti-coagulant therapy, especially in elderly patients, explains the increasing incidence of bleeding events seen in this population. However, gastrointestinal hematomas are estimated to occur in only 1 for every 250,000 anti-coagulated patients (1). Diagnosis is based on characteristic radiologic findings. While most parietal hematomas can be approached conservatively, surgery is indicated in the presence of complications or persistence of the hematoma (1,2).

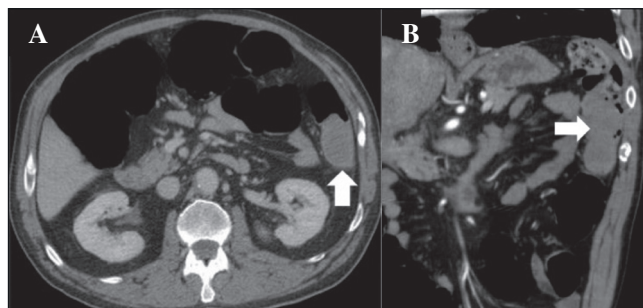


Fig. 2. A. Abdominal CT, axial view. A small hematoma can be seen above the left kidney. B. Abdominal CT, sagittal view. A hematoma is visible adjacent to the descending/sigmoid colon.

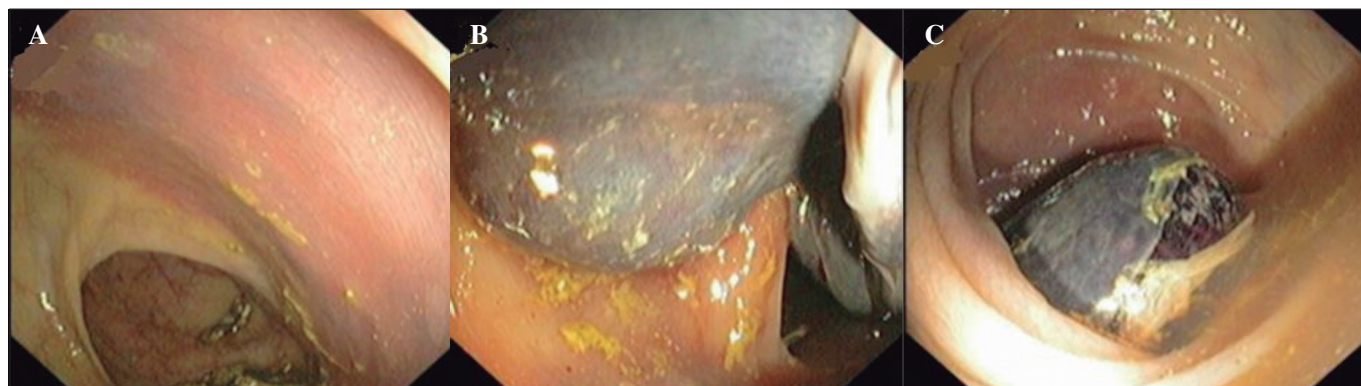


Fig. 1. A. Colonoscopy showing an extensive area of erythematous and bluish mucosa suggestive of submucosal hemorrhage. B and C. Colonoscopy showing a large voluminous hematoma projecting in the lumen.

REFERENCES

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