

Case	(279) A rare cause of massive retroperitoneal hemorrhage.
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CASE PRESENTATION

A 72 year-old-woman with a previous medical history of hypertension and DM, was admitted for a percutaneous recanalisation of a complete occlusion of the right common iliac artery.

Following catheterization of the ipsilateral common femoral artery attempts were made to cross the occlusion. After some dilations with balloon a stent was deployed and arteriography verified a patent CIA. At the recovery room, the patient suffers a progressive hypotension with increase of the abdominal circumference.

A multiphase MDCT was made, where a big retroperitoneal haematoma with active extravasation signs from the right external iliac artery was present.

DISCUSSION

Arterial perforations appear to be a rare event following transfemoral aortoiliac PTA and stenting, with a reported frequency of 0,3%. Surgery has been the traditional treatment when active intervention has been deemed necessary in the presence of vascular complications. Iatrogenic induced arterial perforations may require urgent management to prevent exsanguination.

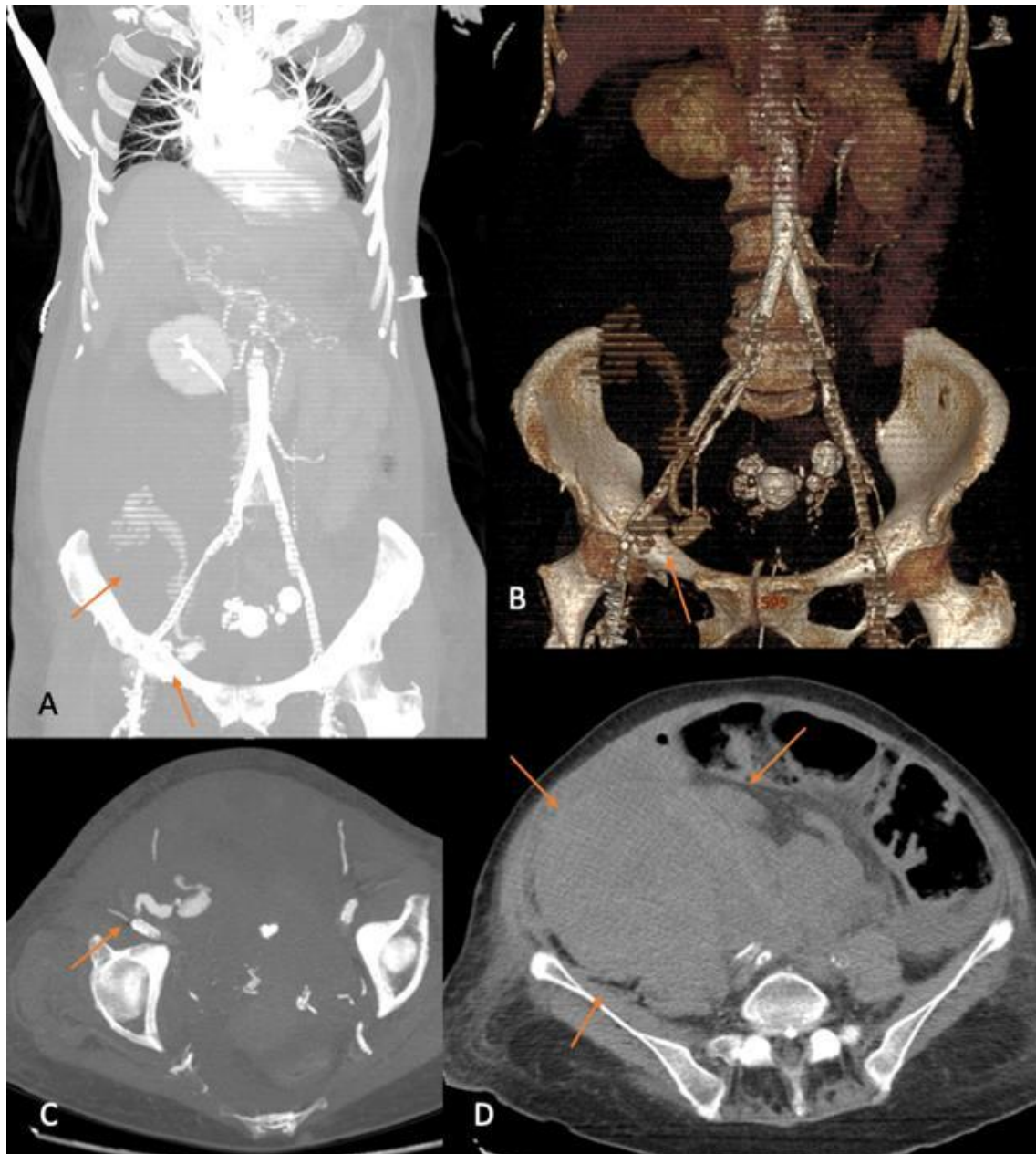
MDCT has an excellent correlation with digital subtraction angiography (DSA) for the detection of arterial hemorrhage with a high sensitivity of >90% noted in several studies. Although currently no standard CT protocol exists, it is becoming increasingly common multiphasic acquisitions including a delayed phase and/or CT angiography instead of a single portal venous phase.

An active vascular extravasation could be characterized as a jet or focal area of hyperattenuation within a hematoma that fades into an enlarged, enhanced hematoma on delayed images. This finding often indicates significant bleeding, and prompted the use of potentially lifesaving surgical or angio-embolic intervention.

Other vascular injuries that can be detected using multiphasic MDCT include pseudoaneurysms, which unlike active arterial or venous extravasation remain stable in size and show "wash-out" in the delayed phase images.

CONCLUSION

Iliac artery perforation is a rare complication of the transfemoral aortoiliac PTA and stenting (0,3%) that can cause a life-threatening massive hemorrhage. MDCT is the primary diagnostic technique for identification of active hemorrhage and posterior targeted surgical or angio-embolic intervention.



A. Reconstrucción MIP coronal; B. Reconstrucción 3D; C. TC Axial fase arterial; D. TC axial sin administración de CIV.

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